

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90005 006 ***150.00

DOCUMENT # P05000100595

1. Entity Name
ORLANDO TRUCK PARTS & CHROME, INC.



Principal Place of Business
**9501 SATELLITE BLVD.
UNIT 110
ORLANDO, FL 32837 US**

Mailing Address
**9501 SATELLITE BLVD.
UNIT 110
ORLANDO, FL 32837 US**

40095368



2. Principal Place of Business
11403 ROCKET BLVD
Suite, Apt. #, etc.

3. Mailing Address
11403 ROCKET BLVD
Suite, Apt. #, etc.

06062006 Chg-P CR2E034 (11/05)

City & State
ORLANDO, FL
Zip
32824 Country
ORANGE

City & State
ORLANDO, FL
Zip
32824 Country
ORANGE

4. FEI Number
20-3200807 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEGRON SOTO, JORGE L
328 APOLOOSA CT.
SANFORD, FL 32773**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10149 LAXTON ST
City **ORLANDO** **FL** Zip Code **32824**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jorge S. Negron Soto**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NEGRON SOTO, JORGE L**
STREET ADDRESS **328 APOLOOSA CT**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **SD** ☐ Delete
NAME **ORTIZ, ALEJO M**
STREET ADDRESS **3949 CEDAR ISLE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32250**

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10149 LAXTON ST**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jorge S. Negron Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE NEGRON

6/6/06 407-816-0486
Date Daytime Phone #