2007 FOR PROFIT CORPORATION ANNUAL REPORT....

FILED Apr 23, 2007 08:00 AM DOCUMENT # P05000102122 Secretary of State 1. Entity Name CONVENIENT TRUCK PARTS, INC. Mailing Address Principal Place of Business 18445 SW 129TH CT 18445 SW 129TH CT MIAMI, FL 33177 MIAMI, FL 33177 No Chg-P CR2E034 (11/05) 02172007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3177604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROWN, MARCIA** DO NOT WRITE 18445 SW 129TH CT MIAMI, FL 33177 IN THIS SPACE 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. 4-12-07 BROWN SIGNATURE MARCIA Signature, typed or printed name of registered agent and title if applicable. U00000721524 05/01/07-80148-018 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BROWN, MARCIA NAME STREET ADDRESS 18445 SW 129TH CT MIAMI, FL 33177 CITY-ST-7IP TITLE NAME BROWN: MARCIA STREET ADDRESS 18445 SW 129THCT CITY-ST-ZIP MIAMI, FL 33177 NAME STREET ADDRESS DO NOT WRITE CtTY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

305 251 3225

<u>Srown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Date