2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90026 018 ***150.00

DOCUMENT # P06000021329 1. Entity Name PARTES DE CAMION USAFLA, INC.								
Principal Place	IAM HIGHWAY	Mailing Address 4250 INGRAHAM HIGHWAY			40066859			
COCONUT GRO	COCONUT GROVE, FL	DNUT GROVE, FL 33133		- - 110001				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number 71-0997	 219		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of		\$8.75 Ad	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R		
ROS, CAR	LOS			Name				
8600 N.W. 17TH STREET, SUITE 110 MIAMI, FL 33126				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Co	de
8. The above	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or registe	red agent, or both	, in the State of Flo		, and accept
SIGNATURE_			***					
	Signature, typed or printed name of registered age			Agent signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Cam Trust Fund Co			.00 May Be ded to Fees			
. 10.		D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE " NAME STREET ADDRESS	DP OSANTE, JULIAN. 4250 INGRAHAM HÎGHWAY	☐ Delete	TÎTE NAM STR	-			Change	Addition
CITY-ST-ZIP	COCONUT GROVE, FL 33133			Y-ST-ZIP				
TITLE NAME	DVPS OSANTE, JR., JULIAN	☐ Delete	TITI NAI	AE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	4250 INGRAHAM HIGHWAY COCONUT GROVE, FL 33133	· · ; 3		EET ADDRESS Y-ST-ZIP				
.TITLE NAME	T OSANTE, JR., JULIAN	☐ Oelete	TITI NAI				Change	- Addition
STREET ADDRESS CITY+ST-ZIP	4250 INGRAHAM HIGHWAY COCONUT GROVE, FL 33133	3	STF	EET ADDRESS Y-ST-ZIP				
TITLE		Delete	TIT	i			☐ Change	Addition
NAME STREET ADDRESS			NAI Str	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE NAME		Delete	, TIT NA	}			☐ Change	e 🗌 Addition
STREET ADDRESS				REET ADDRESS Y-ST-ZIP				
TITLE		☐ Delete		LE				e 🗌 Addition
STREET ADDRESS				ME REET ADDRESS				
City+St-ZIP				Y-ST-ZIP				
I indicated	certify that the information supplied videnthis report or supplemental report poration or the receiver or trusted er	rt is true and accurate and th	iai my sion	ature shall have th	e samo local offec	t as if made under	r nath: that I am an offic	or or director

changed, or on an attachment with an address, with all other like

SIGNATURE 1