Jun 08, 2007 8:00 am Secretary of State

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2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

05-21-2007 90050 001 ***150.00 DOCUMENT # P06000050710 1. Entity Name USA PARTS OF MIAMI, CORP. 66018471 Principal Place of Business Mailing Address 1712 WEST FLAGLER ST MIAMI, FL 33135 1712 WEST FLAGUER ST MIAMI, FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Cha-P CR2E034 (12/06) City & State City & State Applied For Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEPA, ENNA 1712 WEST FLAGLER ST Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33135 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete HERNANDEZ ILUS E MAME NAME STREET ADDRESS 1712 WEST FLAGLER ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | KAME SUAREZ, LITA A NAME STREET ADDRESS 1712 WEST FLAGLER ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-SI-ZP MLE Deleta TITLE Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Invited 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:

NATIVE DATE OF THE PROPERTY OF

ATTACHMENT
, 2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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Principal Place of Business Malling Address 1712 WEST FLAGLER ST 1712 WEST FLAGLER ST MIAMI, FL 33135 MIAMI, FL 33135												
Principal Place of Business - No P.O. Box # 3. Mailing Address							66	0180	471			
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			01232007	Chg-P	CR2E(034 (12/06)		
City & Stati	9		City &	City & State			4. FEI Number	4673	761		optied For of Applicable	
Zip		Country	Zip		Coun	try	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
·	6. Name	and Address of Curre	nt Registered	Agent		Name	7. Name and A	ddress of New R	tegistered	Agent		
DIEPA, ENNA 1712 WEST FLAGLER ST MIAMI, FL 33135						Street Address (P.O. Box Number is Not Acceptable)						
,												
							City FL Zip Code ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
	ions of regis					d Agent signaturé réquire		, in the State of FK	DATE		and accept	
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10.		OFFICERS AN	ID DIRECTORS		11.		ADDITIONS/C	HANGES TO OFF	ICERS'AND			
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Indicated of the cor	on this repo poration or t , or on an att	e information supplied with or suppliemental reporter receiver or trustae en achment will ren address	t is true and ac npowered to ex s, with all other	curate and that r ecute this report like empowered	my signat : as requi	ure shalf have the red by Chapter 60	same legal effect	as if made under c	oath; that I i	am an officer	or director	