

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000077060

1. Entity Name
ALBERT USED AUTO PARTS II INC.



FILED

07 MAY 15 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
12875 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

Mailing Address
12875 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05142007

Chg-P

CR2E034 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORREGO, LAZARO
16100 SW 42 TERR
MIAMI, FL 33184

Name

MARIA D. BORREGO

Street Address (P.O. Box Number is Not Acceptable)

804 EAST 28 ST.

City

Hialeah

FL

Zip Code

33013

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

[Signature]

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 14, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD
NAME LEYVA, LUIS C
STREET ADDRESS 12875 ALEXANDRIA DRIVE
CITY-ST-ZIP OPA LOCKA, FL 33054 ☒ Delete

TITLE (P)
NAME MARIA D BORREGO
STREET ADDRESS 804 EAST 28TH STREET
CITY-ST-ZIP HIALEAH, FL 33013 ☐ Change ☒ Addition

TITLE PD
NAME BORREGO, LAZARO
STREET ADDRESS 12875 ALEXANDRIA DRIVE
CITY-ST-ZIP OPA LOCKA, FL 33054 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500103196925
05/24/07--01026--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
K. Eckel MAY 15 2007

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #