2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-09-2007 90062 017 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P06000094005

1. Entity Name
SHANWIL TRAILER PARTS, INC.

Principal Place of Business	Mailing Address
4656 N POWERLINE RD. DEERFIELD BEACH, FL 33073	11950 FLOTILLA PL. BOCA RATON, FL 33428

04052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1660 N. Powerline Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach Fl	City & State
Zip: 33069 Country: USA	Zip Country

4. FEI Number: 20-5927478 ☐ 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
SHAFER, WILSON 11950 FLOTILLA PL. BOCA RATON, FL 33428	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE: Wilson W Shaf 4/05/07
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SHAFER, WILSON 11950 FLOTILLA PL. BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Wilson W Shaf 4/05/07 954 612-1750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #