

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90007 033 ***150.00

DOCUMENT # P06000121055

1. Entity Name
TRUCK PARTS CENTER ORLANDO, INC.



Principal Place of Business
**1600 35TH STREET
UNIT 110
ORLANDO, FL 32839 US**

Mailing Address
**P.O. BOX 970
BAYAMON, PR 00960 US**

40008697



2. Principal Place of Business - No P.O. Box #
1600 33TH STREET

3. Mailing Address
1600 33TH STREET

Suite, Apt. #, etc.
110

Suite, Apt. #, etc.
110

01242007 Chg-P CR2E034 (12/06)

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
20-5580037

Zip
32839

Country
USA

Zip
32839

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FIGUEROA, ENRIQUE
222 HIGH POINT DR
DAVENPORT, FL 33837**

7. Name and Address of New Registered Agent

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 _____ (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	P D FIGUEROA LOPEZ, ENRIQUE P.O. BOX 861 BAYAMON, PR 00960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FIGUEROA FERNANDEZ, ENRIQUE P.O. BOX 970 BAYAMON, PR 00960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #