


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90028 026 \*\*\*150.00

<b>DOCUMENT # P06000157489</b>	
1. Entity Name <b>EXPRESS USED AUTO PART INC.</b>	

Principal Place of Business <b>6821 S 78 TH ST RIVERVIEW FL, FL 33569</b>	Mailing Address <b>17721 RIDGEWAY POINT TAMPA, FL 33647</b>
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2. Principal Place of Business - No P.O. Box # <b>6821 S. 78th St.</b>	3. Mailing Address <b>6821 S. 78th St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Riverview FL</b>	City & State <b>Riverview, FL</b>
Zip <b>33578</b>	Country <b>USA</b>
Zip <b>33578</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>PENA, DANIEL 17721 RIDGEWAY POINT TAMPA, FL 33647</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>Daniel Pena</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>President</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>
DATE <b>4/14/08</b>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES PENA, DANIEL 17721 RIDGEWAY PT. TAMPA, FL 33647</b> <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	<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 all other the empowered.	
SIGNATURE: <b>Daniel Pena</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4/14/08</b> <b>813-672-8117</b> <small>Date Daytime Phone #</small>