2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P07000094381

Entity Name: M'S TRUCK PARTS, INC.

Current Principal Place of Business:

12975 W. OKEECHOBEE RD
BAY #1 & 2
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

11093 NW 138 STREET
BAYS #110 & 111
HIALEAH GARDENS, FL 33018

Current Mailing Address:

12975 W. OKEECHOBEE RD
BAY #1 & 2
HIALEAH GARDENS, FL 33018

New Mailing Address:

11093 NW 138 STREET
BAYS #110 & 111
HIALEAH GARDENS, FL 33018 US

FEI Number: 26-0765948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, JUAN M
12975 W. OKEECHOBEE RD
BAY #1 & 2
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

CRUZ, JUAN M
11093 NW 138 STREET
BAYS #110 & 111
HIALEAH GARDENS, FL 33018 US

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.

SIGNATURE: JUAN M CRUZ 01/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ADRIAN SILVA, LUIS
Address: 7402 W 29 WAY
City-St-Zip: QIALEAH, FL 33018

Title: P ( ) Delete
Name: CRUZ, JUAN M
Address: 11930 NW 21ST STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Delete
Name: ROSALES, LEOVIGILDO
Address: 822 W 74TH STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRUZ, JUAN M
Address: 11930 NW 21 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP (X) Change ( ) Addition
Name: ROSALES, LEOVIGILDO
Address: 822 W 74 STREET
City-St-Zip: HIALEAH, FL 33014 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN M CRUZ P 01/05/2009
Electronic Signature of Signing Officer or Director Date