

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084377

FILED
Apr 28, 2009
Secretary of State

Entity Name: AUTOMOTIVE AUTOPARTS CORP.

Current Principal Place of Business:

2315 NW 107TH AVENUE
SUITE 1M34
DORAL, FL 33172

New Principal Place of Business:

5960 NW 99 AV
N-2
MIAMI, FL 33178

Current Mailing Address:

2315 NW 107TH AVENUE
SUITE 1M34
DORAL, FL 33172

New Mailing Address:

5960 NW 99 AV
N-2
MIAMI, FL 33178

FEI Number: 26-3354884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CINNIRELLA, GIUSEPPE
2315 NW 107 AVENUE
SUITE 1M34
DORAL, FL 33172 US

Name and Address of New Registered Agent:

CINNIRELLA, GIUSEPPE
5960 NW 99 AV
N-2
MIAMI, FL 33178 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: GIUSEPPE CINNIRELLA

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CINNIRELLA, GIUSEPPE
Address: 2315 NW 107 AVE, SUITE 1M34
City-St-Zip: DORAL, FL 33172

Title: SD () Delete
Name: CHACON, ROSA V
Address: 2315 NW 107 AVE, SUITE 1M34
City-St-Zip: DORAL, FL 33172

Title: TD () Delete
Name: CINNIRELLA, PATRICIA
Address: 2315 NW 107 AVE, SUITE 1M34
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CINNIRELLA, GIUSEPPE
Address: 5960 NW 99 AV
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change () Addition
Name: CHACON, ROSA V
Address: 5960 NW 99 AV
City-St-Zip: MIAMI, FL 33178

Title: TD (X) Change () Addition
Name: CINNIRELLA, PATRICIA
Address: 5960 NW 99 AV
City-St-Zip: MIAMI, FL 33178

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: GIUSEPPE CINNIRELLA

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date