2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000052727

Entity Name
 232 DISCOUNT AUTO PARTS, INC.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

23208 SW 177TH AVE MIAMI, FL 33031 23208 SW 177TH AVE MIAMI, FL 33031



DO NOT WRITE IN THIS SPACE

04172007		No Chg-P	CR2E034 (11/05)		
4.	FEI Number	_		A	oplied For
	65-04259	944	j	N	ot Applicable
_					

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAVISANIS, ROLANDO 27925 SW 163 AVE HOMESTEAD, FL 33031

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e named entity submits this statement for the pitions of registered agent.	urpose of changing its reg	istered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signeture, typed or printed name of registered agent and title it	applicable (NOTE: Rec	gisterad Agent signetu	re required when reinstating)	DATE
E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00			\$5.00 May Be Added to Fees	
OFFICERS AND DIREC	TORS			
D VILLAVISANIS, ROLANDO 27925 SW 163 AVE HOMESTEAD, FL 33031				
				U00000719099 05/01/07-80048-022 150.0
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			N	THIS SPACE
		·		
	Signature, typed or printed name of registered agent and title if E NOWILL FEE IS \$150.00 OFFICERS AND DIRECT D VILLAVISANIS, ROLANDO 27925 SW 163 AVE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent and title if applicable (NOTE: Registered, typed or printed name of registered agent	Signature, typed or printed name of registered agent and title if applicable E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS D VILLAVISANIS, ROLANDO 27925 SW 163 AVE	Signature. Note: Registered Agent signature required when reinstating) E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS D VILLAVISANIS, ROLANDO 27925 SW 163 AVE HOMESTEAD, FL 33031 DO DO DO DO DO DO DO DO DO D

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 ceth; 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: Rolando Villarisanis

4/17/07

(305)247-7741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #