


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90131 023 \*\*\*150.00

<b>DOCUMENT # P94000034052</b> 1. Entity Name <b>SIXTY SEVEN AUTO PARTS IMPORT &amp; EXPORT, INC.</b>	
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Principal Place of Business <b>2235 S.W. 67TH AVE. MIAMI, FL 33155</b>	Mailing Address <b>2235 S.W. 67TH AVE. MIAMI, FL 33155</b>
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04212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0489738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MARTINEZ, LUIS A SR 2235 S.W. 67TH AVE. MIAMI, FL 33155</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, LUIS A JR 1700 NW NORTH RIVER DRIVE #802 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, LUIS A SR 2625 COLLINS AVE #1809 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRER, EMILIO SAN TOMAS D #13 RIO PIEDRA PUERTO RICO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, NORMA P 2625 COLLINS AVE, #1809 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

*Luis Martinez Jr*  
**(305) 266-5700**  
**4/22/08**