

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000035332

1. Entity Name
HEAVY PARTS INTERNATIONAL, INC.



Principal Place of Business

**8909 REGENT PARK DR
SUITE 400
TAMPA, FL 33647**

Mailing Address

**8909 REGENT PARK DR
SUITE 400
TAMPA, FL 33647**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3242720	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIN, STEPHEN
8909 REGENTS PARK DRIVE
SUITE 400
TAMPA, FL 33647**

**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**

**U00000780777
01/15/08-80008-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIN, STEPHEN
STREET ADDRESS	3224 HARBOR VIEW AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	KIN, EDWARD
STREET ADDRESS	9321 FAIRWAY LAKES CT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

STEPHEN KIN

1/9/08

Date

813-991-7001

Daytime Phone #