

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P94000069516

1. Entity Name

EXPRESSWAY USED AUTO PARTS, INC.



Principal Place of Business

3975 118TH AVE NORTH
CLEARWATER, FL 33762 US

Mailing Address

9968 119TH WAY N
SEMINOLE, FL 33772



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3268323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHN, RONALD B
705 W AZEELE ST
TAMPA, FL 33606

**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	DP
NAME	RUBENSTEIN, RICHARDS S
STREET ADDRESS	9968 119TH WAY N
CITY - ST - ZIP	SEMINOLE, FL
TITLE	S
NAME	RUBENSTEIN, JOAN
STREET ADDRESS	9968 119TH WAY NORTH
CITY - ST - ZIP	SEMINOLE, FL
TITLE	V
NAME	RUBENSTEIN, RICHARD M.
STREET ADDRESS	9968 119TH WAY NORTH
CITY - ST - ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/01/08-80064-010 150.00

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 16, 2008 *721 392 3609*
Date Daytime Phone #