## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000003230** 1. Entity Name LIMA PARTS UNLIMITED INC.



**FILED** 

Sep 06, 2005 8:00 am Secretary of State 09-06-2005 90134 032 \*\*\*150.00

Principal Plac	e of Business	Mailing Address			Ţ	r	00649	164		
12800 CAIRO LANE		12800 CAIRO LANE				; 0	4000	100		
MIAMI, FL 33054		MIAMI, FL 33054				•				
					4 4 8 8 1 1 8 8 1 4 1	B (5)5) 540 550 550 550				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
		0.50 1.4 1.4 1.4								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08162005	08162005 Chg-P CR2E034 (10/03)				
Cit. 9 Cit.		City & State	City & State			Or .		ΙİΔn	plied For	
City & State		City & State		4. FEI Numb 65-057			_ <del> </del>	Applicable		
Zip Country		- Zin	Zip Country							
Zip Country		2·1P	Zip Sound)		5. Certificate	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent							
				Name						
MUNOZ, OSCAR										
12800 CAIRO LANE				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33054				**					
ļ										
<b>t</b>				City	City FL Zip Code			•		
O. The above	named entity submits this statement	for the gurnage of changing it	e register	ad office or r	enistered agent or bo	ath in the State of F		miliar with	and accont	
	ions of registered agent.	Tor the purpose of changing in	a register	ou onice or r	egistered agent, or be	XII, III IIIG OLAIG CI I I	ionoa. Tanine	ariiiigi ***(i1,	and accopt	
SIGNATURE  Signature: typed or ponted name of registered agent and tide if applicable. (NOTE: Registered					required when reinstating)		DATE			
	Signature, typed or printed name or registered age	ent and tale it applicable. (140	ne. negistere	oo Agerit signature	reduien when reversing					
	LE NOW!!! FEE IS \$150.00	9. Election Camp	aign Fina	ncina	\$5.00 May Be	In accordance	with e 607	103/2\/h\	ES the	
1	ue by September 7, 2005	Trust Fund Cor			Added to Fees	corporation did				
					· · · · · · · · · · · · · · · · · · ·					
10.	0. OFFICERS AND DIRECTORS 11.				ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VD ,	☐ Delete	TITL	3				☐ Change	Addition	
NAME	GOMEZ, JORGE A		NAM	1					ĺ	
STREET ADDRESS	12800 CAIRO LANE			EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33054		r-ST-ZIP							
₹mre	PD	☐ Delete	TITE	£				Change	Addition	
NAME	LOPEZ, OSCAR DARIO M		NAS							
STREET ADDRESS	12800 CAIRO LANE		1	EET ADDRESS		•				
CITY-ST-ZIP	MIAMI, FL 33054	*	CIN	r-ST-ZIP						
TITLE	TD	Delete	TITL	1				Change	Addition	
NAME	GOMEZ, YES MARINA		NAM	·- I						
STREET ADDRESS	12800 CAIRO LANE			EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33054		GII	Y-ST-ZIP					<u>.</u>	
TITLE	SD	☐ Delete	TITE					Change	Addition	
NAME	GARCIA, LUZ DARY G		NAM							
STREET ADDRESS	12800 CAIRO LANE			EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33054		_	Y-ST-ZIP						
TITLE		☐ Delete	TITI					☐ Change	☐ Addition	
NAME	<b>\</b>		NAM							
STREET ADDRESS	₹.			EET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP				-				□ Ch	D Addition	
TITLE		☐ Delete	1111					☐ Change	Addition	
NAME STREET ADDRESS			NA) STR	ME REET ADDRESS						
A STREET ADDITIONS				ILLE PROPRESS 1						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

SIGNATU	RF.

CITY-ST-ZIP

Manya Commes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #