2004 FOR PROPIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AN
Secretary of State

1. Entity Name	MENT # P950000044 TO PARTS, INC.	·01		560	retary or State
Principal Place of Business Mailing Address 5390 PALM AVE. 5390 PALM AVE. HIALEAH, FL 33012 HIALEAH, FL 33012					
	O NOT WRITE			04292004 No Chg-P 4. FEI Number 65-0558823 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent TORRES, WILLIAM 5390 PALM AVE. HIALEAH, FL 33012			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and	i sile d'applicable. (NOTE, Register	ed Agen; signature (equired	when renstating)	orida. I am familiar with, and accept
	E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND 0			00 May Be ed to Fees	
NAME STREET ADORESS CATY-ST-ZIP	PD TORRES, WILLIAM 5390 PALM AVE. HIALEAH, FL 33012	= 2			1153325 80123-007 150.00
TITLE NAME SIRIFT ADDRESS CITY-ST-ZIP	,			(1.07 QT) QT	COLLOTUJI 130.U
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NAME STREET ADDRESS CITY-ST-ZIP		2			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
م مُن مُن م مُن	certify that the information supplied with to don this report or supplemental report is to reporation or the receiver or affistee empo- t, or on an attachment with an address, w	u ia and sacinate and that micalan	atiwa shall hawa lisa	encon looni officet sa it made i indet	r agin, mai i am an cinear at diractor

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: