


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000010096**  
 1. Entity Name  
**VENEZUELA AUTO PARTS, INC.**



Principal Place of Business      Mailing Address  
**13215 CAIRO LANE**                      **13215 CAIRO LANE**  
**OPA LOCKA, FL 33054**                      **OPA LOCKA, FL 33054**

**DO NOT WRITE IN THIS SPACE**



01132005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0575833**                       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, FELIX I**  
**315 ATLANTIC ISLE**  
**SUNNY ISLES BEACH, FL 33160-4502**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 BETANCES, JASON 13215 CAIRO LANE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/19/05-80068-025 150.00

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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.

SIGNATURE: *[Signature]*      305-681-8168  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #