ANNUAL REPORT

FILED 2004 FOR PROFIT CORPORATION _ Jul 07,-2004- 08:09 AM _ **Secretary of State DOCUMENT # P95000018406** 1. Entity Name BEST PRICES IN PARTS, INC. Mailing Address Principal Place of Business 6960 NW 50 ST 6960 NW 50 ST MIAMI, FL 33166 US MIAMI, FL 33166 06302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0562410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTELINE, ANA M. DO NOT WRITE 6960 NW 50 STREET MIAMI, FL 33166 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE U00000163751 07/07/04-80015-805 150.00 GARCIA, JAROMIR NAME STREET ADDRESS 6960 NW 50 ST CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

th his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 the world to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or fustee entry changed, or on an attachment with a address.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS ÇITY-ST-ZIP

I SIGNING OFFICER OR DIRECTOR

JUL. 01/04