## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 18, 2008 8:00 am Secretary of State

Puncipal Place of Business	DOCUMENT # P95000081259  1. Entity Name AUTO PARTS TRADING COMPANY						03-18-2008	3 90022 (	002 ***15	50.00
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VERO BEACH, FL 32960-3670 US			<del>-</del>	-		4,004	0000			
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City & State  Country  Country  S. Country	2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Sp-3345836	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02212008	Chg-P	CR2E03	4 (12/06)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Date  Name  Name  Name  Name  Signature:  Systematic blood or preced raise of injuried agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Plorida. I am familiar with, and accept t	City & State		City & State	City & State			336		ļ.—— <del> </del>	
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Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  E. 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  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  P. Election Compaign Financing Trust Fund Contribution.  After May 1, 2008 Fee will be \$550.00  After May 1, 2008 Fee will be \$550.00  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  P. Election Compaign Financing Trust Fund Contribution.  BOGUSKI, STEPHEN  SINEET ADDRESS  SINEET		6. Name and Address of Curren	t Registered Agent		N	7. Name and A	ddress of New R	egistered A	gent-	
SITTE I STREET SUITE U VERO BEACH, FL 32960  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 Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Southle   Decision   Campus	MCHUGH	LIOHN LIR			Name					
Ecity FL Zip Code  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    PILE NOWILL FEE IS \$150.00   PILE NOWILL FEE IS \$15	333 17TH STREET				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entry 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, byed or prince carrier of registered agent and late if agoldable.  PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Delete  FILE  PI	VERO BE	ACH, FL 32960								
SIGNATURE    Signature   State					City			FL	Zip Code	•
Sypative, lyped an printed nume of registered agent and aller if applicative. (HOTE: Registered Agent sugnature required short increasing)   DATE			for the purpose of changing it	s registere	ed office or registe	red agent, or both,	in the State of Flo	rida. I am la	miliar with,	and accept
### Added to Fees    10.	SIGNATURE	Signature, lyped or printed name of registered ager	nt and little if applicable. (NC	TE: Registere	d Agent signature require	d when reinstating)		DATE		
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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	TITLE  NAME  STREET ADDRESS.  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS		☐ Delete	CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE NAME STRE	ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS				Change	Addition

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.