


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000054366 1. Entity Name MR. PARTS SOUTH CORP.	
--	---

Principal Place of Business 7821 NW 52 ST MIAMI FL 33166 US	Mailing Address 7821 NW 52 ST MIAMI FL 33166 US
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/07)

City & State City State	City & State City State	4. FEI Number 65-0682129	Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	-------------------------------------	------------------------------------	--

Zip Zip	Country Country	Zip Zip	Country Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
----------------	------------------------	----------------	------------------------	---

6. Name and Address of Current Registered Agent FUENTES, ANGEL TOMAS 7821 NW 52 ST MIAMI FL 33166	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NONE - Registered Agent sign. Not required when not changing. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	FUENTES, ANGEL TOMAS	
STREET ADDRESS	7821 NW 52 ST	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FUENTES, MARY ANN	
STREET ADDRESS	7821 NW 52 ST	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHIN SHIJE, HELENA	
STREET ADDRESS	7821 NW 52 ST	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U00000926340	
NAME	05/20/08-80062-010 150.00	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Mary A. Fuentes* **MARY A. FUENTES** ^{v. Pres.} 4-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Imprint