

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90061 049 ***150.00

DOCUMENT # P96000074680

1. Entity Name

OVERSEAS AUTO PART EXPORTS, INC.



Principal Place of Business

5788 POWERLINE ROAD
APT. 5
FT. LAUDERDALE FL 33309
US

Mailing Address

5788 POWERLINE ROAD
APT. 5
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

5788 POWERLINE RD

Suite, Apt. #, etc.

SUITE 5

City & State

FORT LAUDERDALE FL

Zip
33309

Country

USA

3. Mailing Address

5788 POWERLINE ROAD

Suite, Apt. #, etc.

SUITE 5

City & State

FORT LAUDERDALE FL

Zip
33309

Country

USA

10010101



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0539783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKS, HARVEY
7804 TRAVELERS TREE DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name HERBERT W PITTERS

Street Address (P.O. Box Number is Not Acceptable)

373 N.W. 19TH CT

City POMPANO BEACH

FL

Zip Code

33060

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2-7-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME CCEO
STREET ADDRESS PITTERS, HERBERT
CITY-ST-ZIP 373 N.W. 19TH CT
POMPANO BEACH FL 33060 ☐ Delete

TITLE
NAME D
STREET ADDRESS PITTERS, FRANCES
CITY-ST-ZIP 373 N.W. 19TH CT
POMPANO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/05