

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90002 013 ***550.00

DOCUMENT # R9600Q074680

1. Entity Name

OVERSEAS AUTO PART EXPORTS, INC.



Principal Place of Business

5788 POWERLINE ROAD
SUITE 5
FT. LAUDERDALE FL 33309
US

Mailing Address

5788 POWERLINE ROAD
SUITE 5
FT. LAUDERDALE FL 33309
US



2. Principal Place of Business

5788 POWERLINE RD

3. Mailing Address

5788 POWERLINE RD

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

5

2nd MOORE

CR2E034 (4/06)

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0539783

Applied For

Not Applicable

Zip

33309

Country

US

Zip

33309

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTERS, HERBERT W
373 NW 19TH CT
POMPANO BEACH FL 33060

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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
CCO
PITTERS, HERBERT
373 N.W. 19TH CT
POMPANO BEACH FL 33060 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY - ST - ZIP
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☐ Change ☐ Addition

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #