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07-09-2004 90006 004 ****150.00
P96000089270


2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 JUL 15 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000089270

1. Entity Name
MACHINERY AND PARTS, INC.



Principal Place of Business Mailing Address

**8321 NW 68 STREET
MIAMI, FL 33166** **510 NW 86 PLACE
#101
MIAMI, FL 33126**

54060996



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

06082004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0708843 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VEGA, HECTOR J
9737 N.W. 41TH STREET
#105
MIAMI, FL 33178**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when separated fee)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEGA, HECTOR J 9737 N.W. 41ST STREET #105 MIAMI, FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(j), 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: H. Vega Date: 6/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2 of 2

DAYA ENTERPRISE, INC

8023 LAKE DRIVE # 204
MIAMI, FLORIDA 33166
TEL: 786 337-9242 FAX: 786 464-1267

DATE: 5/28/04

**TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION**

ATT: REINSTATEMENT DEPARTMENT

REF: DOCUMENT # P96000089270

TO WHOM IT MAY CONCERN:

WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR YEAR 2004.

PLEASE DO NOT CHARGE THE LATE FEE

**PLEASE SEND ME THE ANNUAL REPORT FORM TO OUR
NEW ADDRESS:**

**8023 LAKE DRIVE # 204
MIAMI, FLORIDA 33166
ATT: HENRY HENRIQUEZ**

VERY TRULY YOURS,


HENRY HENRIQUEZ
PRESIDENT

FILE: 0528-FDS