


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000039004 1. Entity Name E & E ATLANTIC USED AUTO PARTS CORP.	
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Principal Place of Business 8501 N W 96TH ST MEDLEY, FL 33166-2042	Mailing Address 8501 N W 96TH ST MEDLEY, FL 33166-2042
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749354	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ESTEVEZ, EDUARDO 893 EAST 29TH STREET HIALEAH, FL 33013
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PD ESTEVEZ, EDUARDO 893 EAST 29TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ESTEVEZ, ANTONIO E 1793 WEST 57TH STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/22/05-80044-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Edwards Estoriz 04/14/05 (305) 945-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #