

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90992 025 ***158.75

DOCUMENT # P97000043283

1. Entity Name
COBRA AUTO PARTS, INC.



Principal Place of Business
**6821 HERITAGE DR
PORT SAINT LUCIE, FL 34952 US**

Mailing Address
**6821 HERITAGE DR
PORT SAINT LUCIE, FL 34952 US**

94057349



2. Principal Place of Business
10921 Sandy Run

3. Mailing Address
10921 Sandy Run

03292004 Chg-P CR2E034 (10/03)

City & State
Jupiter FL

City & State
Jupiter FL

Zip
33478

Country
USA

4. FEI Number
65-0753852

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALARIE, JONATHAN
10921 SANDY RUN
JUPITER, FL 33478**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALARIE, JONATHAN	
STREET ADDRESS	10921 SANDY RUN	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALARIE, DARCY	
STREET ADDRESS	10921 SANDY RUN	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Darcy M. Alarie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 561-748-9504
Date Daytime Phone #