

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051357

FILED
Jan 10, 2006
Secretary of State

Entity Name: NIPPON SUSPENSION PARTS, INC.

Current Principal Place of Business:

7354 NW 56TH ST
MIAMI, FL 33166 US

New Principal Place of Business:

6000 NW 97TH AVENUE
UNIT 18
DORAL, FL 33178 US

Current Mailing Address:

14950 S.W. 12 STREET
PEMBROKE PINES, FL 33027 US

New Mailing Address:

6000 NW 97TH AVENUE
UNIT 18
DORAL, FL 33178 US

FEI Number: 65-0760805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LADINO, GIOVANNI
14950 S.W. 12 STREET
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LADINO, GIOVANNI
Address: 14950 SW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPD () Delete
Name: POSADA PEREZ, HERNAN
Address: 7354 NW 56TH ST
City-St-Zip: MIAMI, FL 33166 US

Title: TSD () Delete
Name: LADINO, MARGARITA M
Address: 14950 SW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: POSADA PEREZ, HERNAN
Address: 6000 NW 97 AVENUE UNIT 18
City-St-Zip: DORAL, FL 33178 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNI LADINO

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date