

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000009232**

1. Entity Name

ALBERT'S USED AUTO PARTS, INC.



Principal Place of Business

3400 NW 127 STREET  
OPA LOCKA, FL 33054

Mailing Address

3400 NW 127 STREET  
OPA LOCKA, FL 33054



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number

90-0002201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GARCIA, ABISMAEL  
3400 NW 127 STREET  
OPA LOCKA, FL 33054

**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

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

V

NAME

PONTE, ROMUALDO A

STREET ADDRESS

3400 NW 127 ST.

CITY-ST-ZIP

OPA LOCKA, FL 33054

TITLE

P

NAME

GARCIA, ABISMAEL

STREET ADDRESS

3400 NW 127 ST.

CITY-ST-ZIP

OPA LOCKA, FL 33054

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000096332  
03/25/04-80025-015 150.00

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #