

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90015 039 \*\*\*150.00

44051963

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P99000055626	
<b>1. Entity Name</b>	
PARTSGO, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 8430 NW 68th Street Suite, Apt. #, etc. Unit 5		<b>3. Mailing Address</b> 8430 NW 68th Street, Unit 5 Suite, Apt. #, etc. Unit 5	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL	
<b>Zip</b> 33166	<b>Country</b> US	<b>Zip</b> 33166	<b>Country</b> US

<b>4. FEI Number</b> 65-0996622	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Oscar J. Rodrigues
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4886 NW 97th Place
<b>City</b> Miami
<b>FL</b>
<b>Zip Code</b> 33178

**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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPST GERARDI, ROBERTO 8430 NW 68th Street #5 Miami, FL 33166
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11.**

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**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 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 #

ATTACHMENT

**PARTSGO, INC.**

44051963

8430 NW 68<sup>TH</sup> STREET, UNIT 5, MIAMI, FL 33166

PHONE (305) 436-5887 \* FAX (305) 716-9255

Monday, 08/09/2004

Florida Department of State  
Uniform Business Report  
Division of Corporations  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

Re.: 2004 UBR for

PARTSGO, INC. (P99000055626)

Dear Sir or Madam:

Please be advised that due to change of address this company never received the notification to file the 2004 Uniform Business Report (2004), and consequently it was not filed and paid on or before May 1, 2004, as the state law mandates.

We certainly regret not filing this important report on time, and we would like to respectfully request herein the abatement of the \$400.00 penalty and accept the attached 2004 For Profit Corporation Uniform Business Report on behalf of PARTSGO, INC.

We are really confident that the above explanation will help us solve this important matter and that the attached 2004 UBR will be accepted as requested. Therefore, please accept also our apologies for the delaying and the inconvenience that this case may have caused your office.

Thank you in advance for your time and efforts regarding this issue.

Sincerely,

Roberto Gerardi  
Director