

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90149 031 ***150.00

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1. Entity Name
INVEGO AUTO PARTS, INC.



Principal Place of Business
12760 CAIRO LANE
OPA LOCKA, FL 33054

Mailing Address
12760 CAIRO LANE
OPA LOCKA, FL 33054

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082004 Chg-P CR2E034 (10/03)

4. FBI Number
65-0929853 Applied Fee
 - Not Applicable

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

24069220



6. Name and Address of Current Registered Agent

ZULETA, FABIO GOMEZ
12780 CAIRO LANE
OPA LOCKA, FL 33054

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 _____ DATE _____
Signature (Typed or printed name of registered agent and Title if Applicable) (NOTE: Registered Agent Signature required when renouncing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ZULETA, FABIO GOMEZ	73709 NW 18TH ST	PEMBROKE PINES, FL 33028	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Zuleta Fabio Gomez	6202 NW 116 Ave Apto 439	miami FL 33138	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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 007, 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: **Fabio Gomez** President **04-27-04** (305) 681-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed or Printed Name)