2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000106389

1. Entity Name SOUTH FLORIDA PARTS, INC.

Principal Place of Business

9540 SW 40ST

208

MIAMI, FL 33165

Mailing Address

9540 SW 40ST

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33165

FILED Mar 31, 2004 08:00 AM Secretary of State



03242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0967561

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERAN, MARIO O 11036 NE 43 TERR MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registere	ed 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)

U00000100193

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

03/31/04-80036-019 150.00

OFFICERS AND DIRECTORS 10. A ETE TERAN, MARIO ORTEGA NAME 11036 NE 43 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 TITLE TERAN, MARIO ORTEGA MAME STREET ADDRESS 11036 NE 43 TERR. CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS CRTY-ST-ZIP FIFLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 recent the case 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 attach ess, with all other like empowered.

SIGNATURE:

TILE MAME STREET ADDRESS CITY - ST - ZIP

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO