

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90044 045 \*\*\*150.00

**DOCUMENT # S05163**

1. Entity Name

MIAMI STAR TRUCK PARTS, INC.



Principal Place of Business

9795 NW 87TH AVENUE  
MEDLEY FL 33178

Mailing Address

9795 NW 87TH AVENUE  
MEDLEY FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0222864

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLANIZAR, JAIME  
6240 GAUNTLET HALL LN  
WESTON FL 33331

Name VILLAMIZAR JAIME

Street Address (P.O. Box Number is Not Acceptable)

6240 GAUNTLET HALL LN

City DAVIE

FL

Zip Code 33331

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

*Jaime Villamizar* JAIME Villamizar - VP.

03-05-04

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME VILLAMIZAR, JOSE  
STREET ADDRESS 6240 GAUNTLET HALL LN  
CITY-ST-ZIP WESTON FL 33331

TITLE P ☒ Change ☐ Addition  
NAME VILLAMIZAR JOSE  
STREET ADDRESS 16427 S.W. 28TH COURT  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VP ☐ Delete  
NAME VILLAMIZAR, NICOLAS  
STREET ADDRESS 1910 GOLDENGATE BLVD EAST  
CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME VILLAMIZAR, JAIME  
STREET ADDRESS 6240 GAUNTLET HALL LN  
CITY-ST-ZIP WESTON FL 33331

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other, like, empowered.

SIGNATURE:

*Jaime Villamizar* JAIME Villamizar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-04

305-888-8669

Date

Daytime Phone #