## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2007 08:00 AM Secretary of State DOCUMENT # S13464 1. Entity Name AAAA USED AUTO PARTS, INC. Principal Place of Business Mailing Address 12765 CAIRO LANE 12765 CAIRO LANE OPALOCKA, FL 33054 OPALOCKA, FL 33054 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0230704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTANA, RENE DO NOT WRITE 12765 CAIRO LANE OPALOCKA, FL 33054 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. • Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME SANTANA, RENE STREET ADDRESS 12765 CAIRO LANE OPALOCKA, FL 33054 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE U00000756737 NAME 05/23/07-80042-017 STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

CICNATIJRE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**