## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE** 

## **Secretary of State** DOCUMENT # S38077 07-15-2004 90003 027 \*\*\*150.00 1. Entity Name MIKE'S AUTO PARTS, INC. Principal Place of Business Mailing Address 314 NW 22ND AVE 54062424 314 NW 22ND AVE MIAMI, FL 33125 MIAMI, FL 33125 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07072004 Chg-P City & State 4. FEI Number Applied For City & State 65-0248484 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLIVA, MIGUEL Street-Address (R.O. Box Number is Not Acceptable). 314 NW 22ND AVE MIAMI, FL 33125 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition TITLE TITLE Delete OLIVA, MIGUEL NAME NAME 314 N W 22ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZU Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receiver or sustee 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 wi

FILED Jul 15, 2004 8:00 am Attachment 54062424 But 538017

## Mike's Auto Parts, Inc

314 NW 22 Ave. Miami, FI 33125

June 30, 2004

Department of State P.O. Box 6327 Tallahassee, FI 32314

Ref: Mike's Auto Parts, Inc. Doc #: \$38077

Dear Sir or Madam:

After we did review the information of our Corporation through the Internet, we notice that we never received the Annual report and/or the UBR for the year 2004.

Please accept our fees of \$150.00 for the year 2004, in accordance with your telephone instructions several days ago.

Thank you, very much for your help.

Sincerely,

Mike Oliva - President

Altachment 54062424

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 7, 2004

MIKE'S AUTO PARTS, INC. 314 NW 22ND AVE MIAMI, FL 33125

SUBJECT: MIKE'S AUTO PARTS, INC. Ref. Number: S38077

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 704A00043609