2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S60308

COLLECTION USED AUTO PARTS, INC.



FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

1531 NW 178 TR

PEMBROKE PINES, FL 33029 US

Mailing Address

1531 NW 178 TR

PEMBROKE PINES, FL 33029



04162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0267614

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, OVIDIO 1531 NW 178 TR PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the the obligations of registered agent. 	ourpose of changing its registered office or	ragistarad agent, or both	i, in the State of Florida. I am familiar with, and	accept
SIGNATURE Signature, typed or printed name of registared agent and title	if applicable. (NOTE Registered Agent signature	e required when reinstating)	DATE	_
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	110000123920 U4/22/04-80023-011 15	0.00
10 OFFICERS AND DIRE	TORS			

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, SONIA 1531 NW 178 TERRACE PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-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 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:

SIGNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR