


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V05713
1. Entity Name
PARTS ACCESSORIES & CHEMICALS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
**8030 NW 166 ST.
MIAMI LAKES, FL 33016** **8030 NW 166 ST.
MIAMI LAKES, FL 33016**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0307287 *Not Applicable*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUIZ, EDUARDO
8030 NW 166 ST.
MIAMI LAKES, FL 33016

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	S
NAME	RUIZ, EDUARDO D
STREET ADDRESS	3200 NW 17 ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	P
NAME	RUIZ, EDUARDO M
STREET ADDRESS	8030 NW 166 ST
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80070-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Eduardo Ruiz* **EDUARDO RUIZ** 4-2-05 305-772-0727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #