


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V11822
 1. Entity Name
S.B. USED TRUCK PARTS INC.



Principal Place of Business Mailing Address
 10250 NW 89 AVENUE BAY #3 10250 NW 89 AVENUE BAY #3
 MEDLEY, FL 33178 MEDLEY, FL 33178



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0312339 Not Applicable

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

6. Name and Address of Current Registered Agent
 ARANGO, SANTIAGO
 10250 NW 89 AVENUE BAY #3
 MEDLEY, FL 33178

DO NOT WRITE 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 _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARANGO, SANTIAGO
STREET ADDRESS	18680 SW 39 CT
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	VD
NAME	ARANGO, BETTY
STREET ADDRESS	18680 SW 39 CT
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000146731
 05/03/04-80077-011 150.00

DO NOT WRITE IN THIS SPACE

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: Santiago Arango **SANTIAGO ARANGO** 4/27/04 (305) 883 8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #