



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V62410</b> 1. Entity Name UNITED PARTS OF FLORIDA, INC.							
Principal Place of Business 2479 NW 36 ST MIAMI, FL 33142		Mailing Address 2479 NW 36 ST MIAMI, FL 33142					
<b>DO NOT WRITE IN THIS SPACE</b>		 03232004    No Chg-P    CR2E034 (10/03)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0414738</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>		4. FEI Number 65-0414738	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		4. FEI Number 65-0414738	Applied For Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  CARRASCO, RENE I. 15040 S.W. 51ST ST MIRAMAR, FL 33027		<b>DO NOT WRITE IN THIS SPACE</b>					
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.							
<table border="0" style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></td><td style="width: 20%; text-align: center;"><small>(NOTE: Registered Agent signature required when reinstating)</small></td><td style="width: 20%; text-align: center;">DATE _____</td><td style="width: 20%;"></td></tr></table>				SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
		U000000098733 03/29/04-80052-016 158.75					
<b>10. OFFICERS AND DIRECTORS</b>							
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>D</small> GOMEZ, RODOVALDO 1260 STARLING AVE MIAMI SPRINGS, FL						
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>D</small> CARRASCO, RENE I 15040 S.W. 51ST ST MIRAMAR, FL						
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>D</small> GOMEZ, RODY 1330 N ROYAL POINCIANA BLVD MIAMI SPRINGS, FL						
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>V</small> GOMEZ, FELIPE 1901 NW 18TH AVE PEMBROKE PINES, FL						
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>							
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>							
<b>DO NOT WRITE IN THIS SPACE</b>							
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, and on other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		RENE I. CARRASCO EXECUTIVE VICE PRESIDENT    3-24-04    305-636-3400 <small>Date    Daytime Phone #</small>					