

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L99396

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC2341544944**

**Entity Name:** AUTO REPLACEMENT PARTS INC.

**Current Principal Place of Business:**

14756 S.W. 74 LANE  
MIAMI, FL 33193

**Current Mailing Address:**

14756 SW 74 LN  
MIAMI, FL 33193 US

**FEI Number: 65-0214032**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HORTENSI, JOSE PD  
14756 SW 74 LN  
MIAMI, FL 33193 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           HORTENSI, JOSE  
Address        14756 SW 74 LN  
City-State-Zip: MIAMI FL 33193

Title           SECRETARY  
Name           DABAU, MARIA E  
Address        2218 NW 26TH TERR.  
City-State-Zip: CAPE CORAL FL 33993

Title           TREASURER  
Name           HORTENSI, MARIA I  
Address        14756 SW 74 LN  
City-State-Zip: MIAMI FL 33193

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSE HORTENSI**

**PRESIDENT**

**02/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date