## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F73073

FILED Jan 05, 2004 Secretary of State

Entity Name: FAMILY TIRE DISTRIBUTORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1029 N. 20TH AVENUE HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** 2817 PEMBROKE RD HOLLYWOOD, FL 33020 US FEI Number: 59-2193611 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, MICHAEL COHEN, MICHAEL 2877 PEMBROKE RD 2817 PÉMBROKE RD HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 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: 01/05/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PACHECO, EDISON, Name: Name: Address:

10981 NW 7 CT. Address: City-St-Zip: PLANTATION, FL 33324

() Delete

Name: COHEN, MIKE 10241 SW 18 ST. Address: DAVIE, FL City-St-Zip:

Title:

Title: (X) Change ( ) Addition

Name: COHEN, MICHAEL Address: 10241 SW 18 ST. DAVIE, FL City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL COHEN ST 01/05/2004