


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90270 039 ****50.00

DOCUMENT # L01000012292
 1. Entity Name
 TIRE MASTERS INTERNATIONAL, L.L.C.



Principal Place of Business Mailing Address
 7249 NORTH WEST 33RD STREET 7249 NORTH WEST 33RD STREET
 MIAMI, FL 33122 MIAMI, FL 33122

24025214



2. Principal Place of Business 3. Mailing Address
 7262 NW 33 STREET 7262 NW 33 STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03162004 Chg-LLC CR2E083 (10/03)

City & State City & State
 MIAMI FLORIDA MIAMI FLORIDA
 Zip Country Zip Country
 33122 USA 33122 USA

4. FEI Number App'd For
 65-1125344 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RAMIREZ, LUIS J
 7249 NORTH WEST 33RD STREET
 MIAMI, FL 33122

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number's Not Acceptable)
 City FL Zip Code

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: *[Signature]* DATE: 3/16/04

Filing Fee is \$50.00
 Due by May 1, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR AGUDELO, CARLOS M 7249 NORTH WEST 33RD STREET MIAMI, FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	Operation Manager LUIS RAMIREZ 7262 NW 33 STREET Miami, FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information submitted 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/16/04 705-499-9777