

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M75900**  
 1. Entity Name  
**AVENTURA TIRE & AUTO SERVICE CENTER, INC.**



Principal Place of Business: **20307 BISCAYNE BLVD. N MIAMI BEACH FL 33180-8542**  
 Mailing Address: **20307 BISCAYNE BLVD. N MIAMI BEACH FL 33180-8542**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

1st MOORE CR2E034 (10/05)  
 4. FEI Number: **65-0066476** Applied For/Not Applied  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KRANTIZ, STEVE**  
**20307 BISCAYNE BLVD.**  
**AVENTURA TIRE & AUTO**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD <input type="checkbox"/> Delete	NAME: KRANTIZ, STEVE	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: 6334 SAN MICHEL WAY	CITY-ST-ZIP: BOCA RATON FL	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: VPD <input type="checkbox"/> Delete	NAME: KRANTIZ, ADRIENNE	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: 6334 SAN MICHEL WAY	CITY-ST-ZIP: BOCA RATON FL	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: S <input type="checkbox"/> Delete	NAME: KRANTIZ, ADRIENNE	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: 6334 SAN MICHEL WAY	CITY-ST-ZIP: BOCA RATON FL	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: VP <input type="checkbox"/> Delete	NAME: KRANTIZ, JEFF	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: 20307 BISCAYNE BLVD.	CITY-ST-ZIP: AVENTURA FL 33180	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Steve Krantiz*

*2/28/06 305-935-0455*