

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90021 003 ***158.75

DOCUMENT # P01000110397
 1. Entity Name
 21ST CENTURY TIRES, INC.



Principal Place of Business
 1400 SALZEDO, #503
 CORAL GABLES, FL 33134

Mailing Address
 PO BOX 144484
 CORAL GABLES, FL 33114

54004698



2. Principal Place of Business
 1840 W 49th St. X 220-4
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 141831
 Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State
 HIALEAH, FLORIDA

City & State
 CORAL GABLES, FL

Zip
 33012

Country
 USA

Zip
 33114

Country
 USA

4. FEI Number
 65-1154186

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ORDONEZ, SANTANDER B
 1840 WEST 49TH ST 220-4
 CORAL GABLES, FL 33134 *WRONG ZIP CODE*

7. Name and Address of New Registered Agent
 Name
 ORDONEZ, SANTANDER B.
 Street Address (P.O. Box Number is Not Acceptable)
 1840 W 49th St. X 220-4
 City
 HIALEAH FL Zip Code
 33012

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	DE PRAT, DOLORES	
STREET ADDRESS	1400 SALZEDO, #503	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	DE PRAT, ALVARO	
STREET ADDRESS	1400 SALZEDO, #503	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE PRAT, THERESA	
STREET ADDRESS	1400 SALZEDO, #503	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE PRAT, ISIDRO	
STREET ADDRESS	1400 SALZEDO, #503	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1840 W 49th St. X 220-10	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1840 W 49th St. X 220-10	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1840 W 49th St. X 220-10	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1840 W 49th St. X 220-10	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/8/04 DAYTIME PHONE: 305 461 2055