


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
 1840 W 49 ST #220-4
 HIALEAH, FL 33012 US

Mailing Address
 PO BOX 141831
 CORAL GABLES, FL 33114 US

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1154186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORDONEZ, SANTANDER B
 1840 WEST 49TH ST 220-4
 HIALEAH, FL 33012

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6. 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DE PRAT, DOLORES 1840 W 49TH ST 220-10 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE PRAT, ALVARO 1840 W 49ST #220-10 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PRAT, THERESA 1840 W 49TH ST #220-10 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PRAT, ISIDRO 1840 W 49TH ST #220-10 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/10/06-80015-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Alvaro de Prat, Mgr. Date: 2/28/06 Daytime Phone #: 305 461 2036