


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90229 002 \*\*\*150.00

**DOCUMENT # P02000044854**

1. Entity Name  
**COUNTRY TIRES & WHEELS, INC.**



Principal Place of Business      Mailing Address

**5315 NW 79TH AVE**      **5315 NW 79TH AVE**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**

2. Principal Place of Business      3. Mailing Address

State, Act #, etc.      State, Act #, etc.

City & State      City & State

Zip      Country      Zip      Country



04232004      Chg-P      CR2E034 (10/03)

4. FCI Number      Added For

**04-3652249**      Not Applicable

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

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

<b>ANZOLA, CARLA</b> <b>5315 NW 79TH AVE</b> <b>MIAMI, FL 33166</b>	Name
	Street Address (P.O. Box Number's Not Acceptable)
	City
	State      Zip Code
	<b>FL</b>

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 qualifications of registered agent.

SIGNATURE \_\_\_\_\_  
Registered agent and principal officer of registered agent, if applicable. If FCI registered agent, principal officer, or principal officer of registered agent.

**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**      **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004**

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	ANZOLA, CARLA	5315 NW 79TH AVE	MIAMI, FL 33166	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	ONORATO, YOLIMAR	5315 NW 79TH AVE	MIAMI, FL 33166	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I 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 a letter, be empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR