


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

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



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number App. ed For
D4-3652249 Not Applicable

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

6. Name and Address of Current Registered Agent
ANZOLA, CARLA
5315 NW 79TH AVE
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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]* Carla Anzola 2/8/05
Signature must be printed in block by all persons who file this form. Registered agent signature required when registering. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ANZOLA, CARLA
STREET ADDRESS	5315 NW 79TH AVE
CITY ST ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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02/12/05-80044-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 authorized 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 file empowered.
SIGNATURE: *[Signature]* Carla Anzola 2/8/05 (305) 7150404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Cert. No. PFS 11 F