


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90011 050 \*\*\*150.00

**DOCUMENT # P03000130655**  
 1. Entity Name  
 EL COMPY TIRE SHOP, INC.



Principal Place of Business  
 3020 PALM AVE  
 HIALEAH, FL 33012

Mailing Address  
 3020 PALM AVE  
 HIALEAH, FL 33012

2. Principal Place of Business  
 5300 N. Pine Hill Rd  
 Suite, Apt. #, etc.

3. Mailing Address  
 5300 N. Pine Hill Rd  
 Suite, Apt. #, etc.

City & State  
 Orlando FL

City & State  
 Orlando FL

Zip  
 32808

Country  
 ORANGE

Zip  
 32808

Country  
 ORANGE

6. Name and Address of Current Registered Agent  
 CORREA, DIONELLI R  
 3020 PALM AVE  
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent  
 Name  
 Dionelli R. Correa  
 Street Address (P.O. Box Number is Not Acceptable)  
 250 BEACON POINTE DR.  
 City  
 Ocoee FL Zip Code  
 34761

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: *Dionelli R. Correa* DATE: Feb 23/06

**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	DPT	<input type="checkbox"/> Delete
NAME: CORREA, DIONELLI		
STREET ADDRESS: 3020 PALM AVE		
CITY-ST-ZIP: HIALEAH, FL 33012		
NAME: CORREA, PAULA		
STREET ADDRESS: 3020 PALM AVE		
CITY-ST-ZIP: HIALEAH, FL 33012		
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: CORREA, Dionelli R		<input checked="" type="checkbox"/>	
STREET ADDRESS: 250 BEACON POINTE DR.			
CITY-ST-ZIP: OCOEE, FL. 34761			
NAME: CORREA, PAULA		<input checked="" type="checkbox"/>	
STREET ADDRESS: 250 BEACON POINTE DR.			
CITY-ST-ZIP: OCOEE, FL. 34761			
NAME:		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS:			
CITY-ST-ZIP:			
NAME:		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS:			
CITY-ST-ZIP:			

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: *Dionelli R. Correa* DATE: Feb 23/06 x(407) 521-1899