

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000078857

1. Entity Name  
6675 PEMBROKE TIRE COMPANY, INC.



Principal Place of Business  
17100 COLLINS AVE., STE. 108  
SUNNY ISLE, FL 33160

Mailing Address  
17100 COLLINS AVE., STE. 108  
SUNNY ISLE, FL 33160

2. Principal Place of Business

6675 PEMBROKE RD

Suite, Apt. #, etc.

3. Mailing Address

6675 PEMBROKE RD

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33023

Country

City & State

PEMBROKE PINES, FL.

Zip

33023

Country

05032005

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

Not Applicable

20-2277847

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, SUSAN  
6675 PEMBROKE RD  
PEMBROKE PINES, FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

400054281864

05/11/05--01042--015 \*\*158.75

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	VP PICHARDO, MANUEL 20741 NW 9 COURT - APT. 202 NORTH MIAMI, FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHARDO, SUSAN 20741 NW 9 COURT - APT. 202 NORTH MIAMI, FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICHARDO, MANUEL 6675 PEMBROKE ROAD PEMBROKE PINES, FL. 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHARDO, SUSAN 6675 PEMBROKE ROAD PEMBROKE PINES FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Susan Pichardo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 954-989-6522  
Date Daytime Phone #