


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000078857 1. Entity Name 6675 PEMBROKE TIRE COMPANY, INC.	
--	---


Principal Place of Business 6675 PEMBROKE RD PEMBROKE PINES, FL 33023	Mailing Address 6675 PEMBROKE RD PEMBROKE PINES, FL 33023
---	---

DO NOT WRITE IN THIS SPACE

FILED

06 JAN -6 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2277847	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

PICHARDO, SUSAN
 6675 PEMBROKE RD
 PEMBROKE PINES, FL 33023

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00

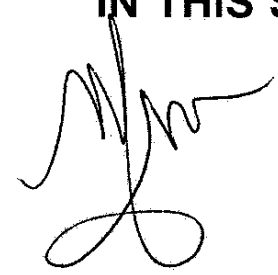
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

600064594106

01/26/06--01065--028 **158.75

10. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	PICHARDO, MANUEL
STREET ADDRESS	6675 PEMBROKE RD
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	P
NAME	PICHARDO, SUSAN
STREET ADDRESS	6675 PEMBROKE RD
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE



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: Susan Pichardo Date: 01/05/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #