

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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



03032007 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-2277847
 Applied For: Not Applicable
 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

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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: Susan Richards DATE: 3/3/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000658579
 03/15/07-80043-022 158.75

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 Richards DATE: 3/3/07 954-989-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #