


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90033 015 ***158.75

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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**

2. Principal Place of Business - No P.O. Box #
5932 FUNSTON ST.

3. Mailing Address
5932 FUNSTON ST.

Suite, Apt. #, etc.

City & State
Hollywood Florida

City & State
Hollywood Florida

Zip
33023

Country

40040404



03042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**PICHARDO, SUSAN
 6675 PEMBROKE RD
 PEMBROKE PINES, FL 33023**

7. Name and Address of New Registered Agent

Name
Richardo, Susan

Street Address (P.O. Box Number is Not Acceptable)
5932 Funston Street

City
Hollywood FL Zip Code
33023

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 **X Susan Richardo** DATE **3/3/08**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE VP	NAME PICHARDO, MANUEL	<input type="checkbox"/> Delete
STREET ADDRESS 6675 PEMBROKE RD	CITY-ST-ZIP PEMBROKE PINES, FL 33023	
TITLE P	NAME PICHARDO, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS 6675 PEMBROKE RD	CITY-ST-ZIP PEMBROKE PINES, FL 33023	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP	NAME RICHARDO, Manuel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5932 FUNSTON STREET	CITY-ST-ZIP HOOLLYWOOD Fla. 33023	
TITLE P	NAME RICHARDO SUSAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5932 FUNSTON STREET	CITY-ST-ZIP HOOLLYWOOD Fla. 33023	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **X Susan Richardo** DATE **3/3/08** DAYTIME PHONE # **954-989-6522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR