

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90313 021 \*\*\*150.00

**DOCUMENT # P04000135110**

1. Entity Name  
 128 W DIXIE INC.



Principal Place of Business: GODYEAR TIRE & RUDHER CO, NORTH MIAMI FL 33161  
 Mailing Address: PO BOX 402493, MIAMI BEACH FL 33140



2. Principal Place of Business: 12850 W Dixie Hwy.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: N. Miami FL

City & State

4. FEI Number: 34-0253240

Applied For  
 Not Applicable

Zip: 33161 Country: USA

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

GOODYEAR TIRE & RUBBER CO  
 12850 W DIXIE HWY  
 N MIAMI FL 33161

Name: Attila Matyas  
 Street Address (P.O. Box Number is Not Acceptable):

12850 W Dixie Hwy  
 City: N. Miami FL Zip Code: 33161

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]

(NO Registered Agent signature required when registering)

DATE: 4/3/06

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDST NAME: MATYAS, ATTILA STREET ADDRESS: PO BOX 402493 CITY-ST-ZIP: MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature]

Date: 4/3/06