

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90101 004 ***150.00

DOCUMENT # P05000058385			
1. Entity Name LAZARO RIVERA TIRE, INC			
Principal Place of Business 54 W. 34TH ST. HIALEAH, FL 33012		Mailing Address 54 W. 34TH ST. HIALEAH, FL 33012	
2. Principal Place of Business 1070 W. 33rd Street Suite, Apt. #, etc.		3. Mailing Address 1070 W. 33rd Street Suite, Apt. #, etc.	
City & State Hialeah		City & State Hialeah	
Zip 33010		Country Dade	
4. FEI Number 20-2729224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, LAZARO J 54 W. 34TH ST. HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: 1070 West 33rd Street Street Address (P.O. Box Number is Not Acceptable) City: Hialeah FL Zip Code: 33010	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: center;"> Address change only </div> <div style="width: 20%; text-align: right;"> DATE 4/17/06 </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME RIVERA, LAZARO J	<input type="checkbox"/> Delete	TITLE 1070 W. 33rd Street
STREET ADDRESS 54 W. 34TH ST.	CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS Hialeah FL 33010
CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Hialeah FL 33010
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 4/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (786) 399-1038	