## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 22, 2007 8:00 am Secretary of State DOCUMENT # M75900 1. Entity Name 02-22-2007 90025 015 \*\*\*150.00 AVENTURA TIRE & AUTO SERVICE CENTER, INC. Principal Place of Business Mailing Address 20307 BISCAYNE BLVD. 20307 BISCAYNE BLVD. N MIAMI BEACH FL 33180-8542 N MIAMI BEACH FL 33180-8542 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0066476 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRANITZ, STEVE 20307 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) **AVENTURA TIRE & AUTO AVENTURA FL 33180** Zip Code 33/80 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 obligation SIGNATURE (NOTE Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PDT HILE Delete HILE Change ■ Addition KRANTIZ, STEVE NAME 6334 SAN MICHEL WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete HILE Change Addition KRANTIZ, ADRIENNE NAME 6334 SAN MICHEL WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CHY-SI-7IP CITY - ST- ZIP THE HILLE ☐ Change ☐ Addition KRANTIZ, ADRIENNE NAME NAME 6334 SAN MICHEL WAY STREET ADDRESS STREET ADDRESS City-St-7IP **BOCA RATON FL** CITY - ST- ZIP THE ☐ Change ☐ Delete TITLE ☐ Addition KRANITZ, JEFF NAME 20307 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-7IP CHY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP □ Delete THE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY - ST - 7IP

12. Thereby 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 receiper 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED