


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
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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	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, SUSAN
 6675 PEMBROKE RD
 PEMBROKE PINES, FL 33023

DO NOT WRITE IN THIS SPACE

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000658579 03/15/07-80043-022 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PICHARDO, MANUEL 6675 PEMBROKE RD PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PICHARDO, SUSAN 6675 PEMBROKE RD PEMBROKE PINES, FL 33023
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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 #