

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-07-2008 90033 015 \*\*\*158.75

**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**

40040404



2. Principal Place of Business - No P.O. Box #  
**5932 Funston St.**

3. Mailing Address  
**5932 Funston St.**

Suite, Apt. #, etc.

03042008 Chg-P CR2E034 (12/06)

City & State  
**Hollywood Florida**

City & State  
**Hollywood Florida**

Zip  
**33023**

Country

4. FEI Number  
**20-2277847**

Applied For  
 Not Applicable

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	PICHARDO, MANUEL 6675 PEMBROKE RD PEMBROKE PINES, FL 33023	TITLE VP	PICHARDO, Manuel 5932 Funston Street Hollywood Fla. 33023
TITLE P	PICHARDO, SUSAN 6675 PEMBROKE RD PEMBROKE PINES, FL 33023	TITLE P	PICHARDO SUSAN 5932 FUNSTON STREET HOLLYWOOD Fla. 33023
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

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