Apr-28-04 08:38A HERNANDEZ&Co. CPA's 3054444010 P.01

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 237407

1. Entity Name
FIRESTONE SALES CO., INC.

Principal Place of Business	Mailing Address
1008 EAST 16TH STREET HIALEAH, FL 33010 US	1008 EAST 16TH STREET HIALEAH, FL 33010 US

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0965457
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIRESTONE, GLEN H.
1008 EAST 16TH STREET
HIALEAH, FL 33010

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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: _____ DATE
Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FIRESTONE, GLENN
STREET ADDRESS	1008 EAST 16TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	PD
NAME	FIRESTONE, GLENN H
STREET ADDRESS	1008 E 16TH ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VSTD
NAME	FIRESTONE, SHERYL E
STREET ADDRESS	1008 E 16TH ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/04-80028-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 alphabetical with all other like empowered.

SIGNATURE: _____ 4-27-04 305-888-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #