


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 358707</b>		
1. Entity Name WEST SIDE TIRE CORP		

Principal Place of Business 1550 W 29TH ST HIALEAH, FL 33010	Mailing Address 9192 CORAL WAY STE 201 MIAMI, FL 33165
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03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1309003	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CABELLERO, MARCIA B. 9192 CORAL WAY STE 201 MIAMI, FL 33165
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, ORESTE 1550 W. 29 ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, ANTONIO 1550 W. 29 ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, MAGDALENA 1550 W 29 ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, MAGDALENA 1550 W 29 ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U0000029194U 04/07/05-80049-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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: <i>Magdalena Ghany - Treas.</i>	3/8/05	(305)-262-3759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #