


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90140 027 ***150.00

DOCUMENT # 384684			
1. Entity Name FLORIDA TIRE DISTRIBUTORS, INC.			
Principal Place of Business 1600 NO POWERLINE ROAD POMPANO BCH FL 33069		Mailing Address 1600 NO POWERLINE ROAD POMPANO BCH FL 33069	
2. Principal Place of Business <u>1418 N.E. 54 ST</u>		3. Mailing Address <u>1418 N.E. 54 ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Ft. Lauderdale, FL</u>		City & State <u>Fort Lauderdale, FL</u>	
Zip <u>33334</u>	Country <u>Broward</u>	Zip <u>33334</u>	Country <u>Broward</u>
6. Name and Address of Current Registered Agent LEJA, OLGA 1600 NO POWERLINE RD PPMPANO BCH FL 33069		7. Name and Address of New Registered Agent Name <u>LEJA, OLGA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1418 N.E. 54th STREET</u> City <u>FORT LAUDERDALE, FL</u> Zip Code <u>33334</u>	
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 <u>Olga Leja</u> DATE <u>4-15-05</u> <small>Signature, word or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>PD LEJA, DAVID</u> <u>7015 N.W. 18th STREET</u> <u>MARGATE, FL 33063</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEJA, OLGA 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.

SIGNATURE: David M. Leja, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05 954-973-6602

Date Daytime Phone #