## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 402032**

Title:

Name: Address:

City-St-Zip:

VST

() Delete

HIDALGO JR, ORLANDO VST

10961 SW 106 AVE

MIAMI, FL 33176 US

Entity Name: BALADO NATIONAL TIRES, INC

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1633 NW 27 AVE MIAMI, FL 331252139 US **Current Mailing Address: New Mailing Address:** 1633 NW 27 AVE MIAMI, FL 331252139 US FEI Number: 59-1409593 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVERA, MIRIAM B VPST 1633 NW 27 AVE MIAMI, FL 33125 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COB ( ) Delete () Change () Addition BALADO, MANUEL COB Name: Name: 2330 SW 92 PLACE Address: Address: City-St-Zip: MIAMI, FL 33165 US City-St-Zip: Title: PD Title: () Change () Addition () Delete Name: HIDALGO, ORLANDO PD Name: 1701 SW 99 COURT Address: Address: City-St-Zip: MIAMI, FL 33165 US City-St-Zip: Title: Title: VSTD ( ) Delete VPST (X) Change ( ) Addition OLIVERA, MIRIAM B VPST Name: OLIVERA, MIRIAM B VPST Name: 1633 NW 27 AVE 1633 NW 27 AVE Address: Address: City-St-Zip: MIAMI, FL 33125 US City-St-Zip: MIAMI, FL 33125 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MIRIAM B OLIVERA VPST 01/15/2009

() Change () Addition