2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # 588385** 1. Entity Name D. & R. TIRE AND SERVICE CENTER, INC. Principal Place of Business Mailing Address 18180 W. DIXIE HWY. 5400 JACKSON ST. HOLLYWOOD FL 33021 NO MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1865616 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, DONALD Street Address (P.O. Box Number is Not Acceptable) 5400 JACKSON ST HOLLYWOOD FL 33021 City Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10, ☐ Change ☐ Addition TITLE ☐ Delete TITLE HARRISON, DONALD NAME NAME STREET ADDRESS 2101 NE 163RD ST STREET ADDRESS CHY-ST-ZIP N MIAMI FL CITY - ST - ZIP TITE Change ☐ Addition ☐ Delete U00000291034 04/07/05-80012-017 150.00 HARRISON, RICHARD NAME NAME STREET ADDRESS 2101 NE 163RD ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N MIAMI FL ☐ Change ☐ Addition TOPE Delete TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete 1111.6 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete THILE THUE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP Addition Change TELLE THLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

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:

HALD HAMSON-PISSY-9

FILED