


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 599530 1. Entity Name LLERENA TIRE AND EQUIPMENT, INC.	
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Principal Place of Business 8720 NW 93RD ST. MIAMI, FL 33178	Mailing Address 8720 NW 93RD ST. MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

FILED

04 OCT -7 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1881876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LLERENA, AURELIO
18901 NW 47 CT
MIAMI, FL 33055

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LLERENA SR., ROMAN
STREET ADDRESS	18901 NW 47TH COURT
CITY-ST-ZIP	CAROL CITY, FL
TITLE	PTD
NAME	LLERENA, AURELIO
STREET ADDRESS	18901 NW 47TH COURT
CITY-ST-ZIP	CAROL CITY, FL
TITLE	SD
NAME	LLERENA, MARIA L
STREET ADDRESS	18901 NW 47TH COURT
CITY-ST-ZIP	CAROL CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000041667240

10/07/04--01021--019 **150.00

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Blcofs

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/12/04 Daytime Phone # _____