
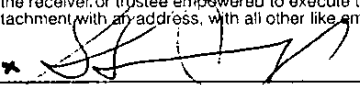


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F58504 1. Entity Name REMA TIRE SUPPLY, INC.						FILED 05 OCT -7 PM 5:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8438 NW 56TH ST MIAMI, FL 33166 US				Mailing Address 8438 NW 56TH ST MIAMI, FL 33166 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GARCIA, GUILLERMO 3660 SW 109TH AVE MIAMI, FL 33165				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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	P GARCIA, GUILLERMO <input checked="" type="checkbox"/> Delete 8438 NW 56TH ST MIAMI, FL 33166			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARCIA, GUILLERMO 8438 NW 56 STREET MIAMI, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete JORGE, GARCIA 8438 NW 56TH ST MIAMI, FL 33166			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARCIA, JORGE 8438 NW 56 MIAMI, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete GARCIA, JORGE 8438 NW 56TH ST MIAMI, FL 33166			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060352730 10/07/05--01041--005 **122.50		
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 12/10/10		
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		
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		
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: * 				08/20/05 305/5507649			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			