2005 FOR PROFIT CORPORATION ANNUAL REPORT

Bernardo Garcia, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Jan 25, 2005 8:00 am Secretary of State **DOCUMENT # G17679** 1. Entity Name 01-25-2005 90041 001 ***158.75 TIRE COUNTRY CORP. Principal Place of Business Mailing Address 1280 S. DIXIE HWY E. C/O IVAN A. GOMEZ ESQ **601 BRICKELL KEY DRIVE SUITE 507** POMPANO BEACH, FL 33060 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. 'FEI Number 59-2252477 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IAG CORPORATE SVCS., INC. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR. STE. 507 MIAMI, FL 33131 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete XX Change ☐ Addition TITLE TITLE GARCIA, BERNARDO NAME NAME 1280 S. Dixie Highway E. STREET ADDRESS 19130 N. BAY RD. STREET ADDRESS Pompano Beach, Florida 33060 CITY-ST-ZIP N. MIAMI BCH., FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-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.

FILED