

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25774

FILED
Jul 15, 2009
Secretary of State

Entity Name: TAAFE TIRE ENTERPRISES, INC.

Current Principal Place of Business:

3190 N. HWY 17-92
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

PO BOX 572
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-2578071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAAFE, ALFRED
4111 CALEDONIA AVE.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAAFE, ALFRED
Address: 4111 CALEDONIA AVE.
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: TAAFE, VANESSA
Address: 4111 CALEDONIA AVE.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: VANESSA TAAFE

VP

07/15/2009

Electronic Signature of Signing Officer or Director

Date