2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K09332

1. Entity Name
TIRE SUPERMARKET, INC.

FILED
08 FEB 13 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02112008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
C/O CARLOS LARGAESPADA 6201 S.W. 8TH STREET MIAMI, FL 33144-4809	C/O CARLOS LARGAESPADA 6201 S.W. 8TH STREET MIAMI, FL 33144-4809

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0019778 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARGAESPADA, CARLOS 6201 S.W. 8TH STREET MIAMI, FL 33144	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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] 2-12-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D P LARGAESPADA, CARLOS 13583 S.W. 39 LANE MIAMI, FLORIDA 33175, ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3550 SW 139 Ave Miami FL 33175 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARGAESPADA, CECILIA 13583 S.W. 39 LANE MIAMI, FLORIDA 33175, ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3550 SW 139 Ave Miami FL 33175 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Largaespada Javier 3550 SW 139 Ave Miami FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800119107938 02/29/08--01012--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Largaespada Carlos Jr 3550 SW 139 Ave Miami FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 2-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 2/13