

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # K39185

1. Entity Name
AMBER TIRE & AUTO CENTER CORP.



Principal Place of Business
**4751 W. FLAGLER STREET
MIAMI, FL 33134**

Mailing Address
**4751 W. FLAGLER STREET
MIAMI, FL 33134**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0076387** ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RUIZ, JUAN ROBERTO
4751 W. FLAGLER STREET
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **RUIZ, JUAN ROBERTO**
STREET ADDRESS **4751 W. FLAGLER STREET**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **VP**
NAME **RUIZ, MARITZA**
STREET ADDRESS **4751 W. FLAGLER STREET**
CITY-ST-ZIP **MIAMI, FL 33134**

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01/13/05-80047-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **1-14-05** Daytime Phone # **(305) 444-6993**