

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51285

FILED
Jan 22, 2009
Secretary of State

Entity Name: FAMILY TIRE DISTRIBUTORS OF PEMBROKE PINES, INC.

Current Principal Place of Business:

12606 PINES BLVD
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

12606 PINES BLVD
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 65-0101084 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COHEN, MICHAEL
2817 PEMBROKE ROAD
HOLLYWOOD, FL 33020 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, MICHAEL,
Address: 10241 SW 18 ST
City-St-Zip: DAVIE, FL

Title: D () Delete
Name: PACHECO, EDISON,
Address: 10241 SW 18 ST
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, MICHAEL,
Address: 2817 PEMBROKE ROAD
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: PACHECO, EDISON,
Address: 2817 PEMBROKE ROAD
City-St-Zip: HOLLYWOOD, FL 33020

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: MICHAEL COHEN

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date