2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # K72542 Apr 14, 2006 08:00 AN Secretary of State 1. Entity Name SUPREME TIRES & ACCESSORIES, INC. Principal Place of Business Mailing Address 3635 N.W. 7TH ST. MIAMI FL 33125 3635 N.W. 7TH ST. MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0118089 Not Applicable Country Zio \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 3635 N.W. 7TH ST. MIAMI FL 33125 Zip Code City FL 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. (NOTE: Registered Agent signature required when remistaling) Gignature, typed or printed name of registered agent and time if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 . OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Delete Addition | TITLE TITLE HARAF NAME PEREZ, ARMANDO STREET ADDRESS STREET ADDRESS 9240 S.W. 88 TERR. UNDONO508654 CRY-ST-ZIP CITY-ST-ZIP MIAMI FL 29/96-9091 ☐ Detete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST- AP CUTY-ST-ZIP Change Addition Detete HID NAME NAME STREET ADDRESS STREET ADDRESS City-SI-7/P CITY-ST-ZIP ☐ Change Addition Delete KILE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition ☐ Chance TITLE MAME NAME STREET ADORESS STREET ADDRESS CITY ST-7(P CITY-ST-ZIP ☐ Change Addition ☐ Defete HE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DIRECTOR DIRECTOR

if changed, or on an attachment with an address, with all other the empowered.