2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 A Secretary of State

1. Entity Name

SUPREME TIRES & ACCESSORIES, INC.



Principal Place of Business

3635 N.W. 7TH ST. MIAMI, FL 33125

Mailing Address

3635 N.W. 7TH ST. MIAMI, FL 33125



DO NOT WRITE IN THIS SPACE

02212007	02212007 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied For			
65-0118	089		Not Applicable			
5. Certificate of Status Desired			\$8.75 Additional			

6. Name and Address of Current Registered Agent

PEREZ, ARMANDO 3635 N.W. 7TH ST. MIAMI, FL 33125			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registers	ed office or re	gistered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	d Agent signature	equired when rainstating)		DATE
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	'	**************************************	·/ · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, ARMANDO 9240 S.W. 88 TERR. MIAMI, FL		,			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					0000007 05/01/07-6	719629 30071-012 150.00
TITLE						

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4114/07

305-643-1200

Daytime Phone