
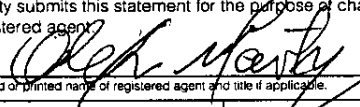
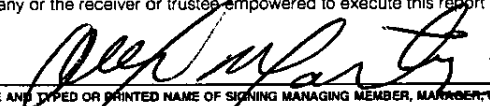


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90217 009 \*\*\*\*50.00

<b>DOCUMENT # L02000032134</b> 1. Entity Name <b>A&amp;D TIRE SALES &amp; REPAIRS LLC</b>					
Principal Place of Business <b>1601 NW 119TH STREET N. MIAMI, FL 33167</b>			Mailing Address <b>1601 NW 119TH STREET N. MIAMI, FL 33167</b>		
2. Principal Place of Business <b>1601 N.W. 119th St.</b>			3. Mailing Address <b>1601 N.W. 119th St.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI FLORIDA</b>			City & State <b>MIAMI FLORIDA</b>		
Zip <b>33167</b>			Zip <b>33167</b>		
Country <b>DADE</b>			Country <b>DADE</b>		
4. FEI Number <b>APPLIED FOR 03-0513717</b>			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>MARTINEZ, ALEX 1601 NW 119TH STREET N. MIAMI, FL 33167</b>			7. Name and Address of New Registered Agent  Name <b>ALEX MARTINEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1601 N.W. 119 St</b> City <b>N. MIAMI</b> <b>FL</b> Zip Code <b>33167</b>		
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  DATE <b>4-6-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTINEZ, ALEX 1601 NW 119TH STREET N. MIAMI, FL 33167</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MORALES, DANIEL 500 NE 78 STREET, APT. 2 MIAMI, FL 33138</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLEARY, LIVIA 7601 E. TREASURE DR. APT. 903 NORTH BAY VILLAGE, FL 33141</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				DATE: <b>4-6-04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					