2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

DOCUMENT # L05000084039 05-01-2006 90040 029 ***150 00 1. Entity Name EMIVAL TIRES LLC Mailing Address Principal Place of Business 44666717 903 WEST HALLANDALE BEACH BOULEVARD 903 WEST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33309 HALLANDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3463569 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAVARRO; EMILIA 903 WEST HALLANDALE BEACH BLVD Street Address (P.O. Box Number is Not Acceptable) HALLANDALE BEACH, FL 33309 City Zip Code 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 ad SIGNATURE . (NOTE Registered Agent signature required when reinstating) the of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change Addition ☐ Delete NAVARRO, EMILIA NAME NAME STREET AUDRESS STREET ADDRESS 903 WEST HALLANDALE BEACH BOULEVARD CITY-ST-ZIP CITY-ST-ZIP HALLANDALE, FL 33309 TITLE MGRM ☐ Defete TITLE ☐ Change ☐ Addition UZCATEGUI, IVAN NAME NAME STREET ADDRESS 903 WEST HALLANDALE BEACH SOULEVARD STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33309 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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. tui

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

FILED

May 01, 2006 8:00 am Secretary of State