

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L33096

FILED
Apr 30, 2008
Secretary of State

Entity Name: DOBERMANN TIRE CORPORATION

Current Principal Place of Business:

455 W 26TH STREET
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134 US

New Mailing Address:

C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 65-0158511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPOTATE SVCS, INC
806 DOUGLAS ROAD
SUITE 580
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

REGISTERED AGENT CORPOTATE SERVICES INC
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

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: BETSY PARENTI, ASSIST. SECRETARY

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: DE FILIPPO, GIOVANNI,
Address: 806 DOUGLAS RD., SUITE 580
City-St-Zip: CORAL GABLES, FL 33134

Title: DP () Delete
Name: DE FILIPPO, GLAUCO,
Address: 806 DOUGLAS RD., SUITE 580
City-St-Zip: CORAL GABLES, FL 33134

Title: DVT () Delete
Name: DE FILIPPO, MAURO,
Address: 806 DOUGLAS RD., SUITE 580
City-St-Zip: CORAL GABLES, FL 33134

Title: AT () Delete
Name: DE FILIPPO, JOHNNY
Address: 5100 KAEPA COURT
City-St-Zip: SAN ANTONIO, TX 78218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: DE FILIPPO, GIOVANNI,
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DP (X) Change () Addition
Name: DE FILIPPO, GLAUCO,
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DVT (X) Change () Addition
Name: DE FILIPPO, MAURO,
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLAUCO DE FILIPPO

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date