

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90038 020 \*\*\*158.75

**DOCUMENT # L46743**

1. Entity Name  
**SAWGRASS TIRE & SERVICE CENTER, CORP.**



Principal Place of Business  
**5363 NOB HILL RD  
SUNRISE, FL 33351**

Mailing Address  
**5363 NOB HILL RD  
SUNRISE, FL 33351**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0189072**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MANES, MICHAEL  
633 S. FEDERAL HIGHWAY  
300A  
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

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 Edward Rosen **EDWARD ROSEN, PD**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **5363 NOB HILL ROAD SUNRISE, FLA. 33351** **3/26/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ROSEN, EDWARD  
5363 NOB HILL RD  
SUNRISE, FL 33351**

TITLE  
NAME  
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IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/05**

Date

Daytime Phone #

**(954) 746-2975**