


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

06 OCT 10 AM 8:06

CLERK OF STATE  
TALLAHASSEE, FLORIDA


**DOCUMENT # L65838**  
 1. Entity Name  
**AMERICAN TIRE EXPRESS, INC.**



Principal Place of Business  
**12905 SW 84 AVENUE RD  
 MIAMI, FL 33156 US**

Mailing Address  
**12905 SW 84 AVENUE RD  
 MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**



07072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0194819** Applied For  
 Not Applicable

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

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

**WALKER, WAYNE  
 8358 SW 182 TERR  
 MIAMI, FL 33157**

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 6, 2006**

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

**000080273510  
 03/23/06--01009--004 \*\*550.00**


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, WAYNE 8358 SW 182 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WAYNE 8358 SW 182 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**000080963490  
 10/19/06--01046--025 \*\*208.75**

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:**  **9-22-06 305-234-2999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #