## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 22, 2004 8:00 am Secretary of State DOCUMENT # M06004 1. Entity Name 03-22-2004 90093 017 \*\*\*150 00 OKEECHOBEE TIRE, INC. Principal Place of Business Mailing Address 4373 NW 7TH ST MIAMI FL 33126 4373 NW 7TH ST. MIAMI FL 33126 24027284 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2452179 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACOSTA, LUIS R Street Address (P.O. Box Number is Not Acceptable) 14632 SW 45 TERR **MIAMI FL 33175** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME ACOSTA, LUIS R NAME 14632 SW 45TH TERR STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ACOSTA, MARIA B STREET ADDRESS 14632 SW 45TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 fike empowered.

Luis R. AcosTO

SNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

**FILED** 

3-18-04 305-448-7807
Date Dayune Phone #