

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M32323

FILED  
Jul 19, 2005  
Secretary of State

Entity Name: CONSOLIDATED TIRE, CORPORATION

## Current Principal Place of Business:

3595 SW 46TH AVE  
BAYS 1-3-4-5  
DAVIE, FL 33314 US

## New Principal Place of Business:

## Current Mailing Address:

3595 SW 46TH AVE  
BAYS 1-3-4-5  
DAVIE, FL 33314 US

## New Mailing Address:

FEI Number: 59-2669800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOSE N. CORREA  
833 SAVANNAH FALLS DR.  
H 14 AND 16  
FT. LAUDERDALE, FL 33327 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: MARQUEZ, MARIA V.  
Address: 5937 RAVENSWOOD ROAD  
City-St-Zip: FT. LAUDERDALE, FL

Title: PD ( ) Delete  
Name: ECHEVERRI, OSCAR,  
Address: 5937 RAVENSWOD ROAD  
City-St-Zip: FT. LAUDERDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: MARQUEZ, MARIA V.  
Address: 17983 N.W. 60 CT  
City-St-Zip: MIAMI LAKES, FL 33015

Title: PD (X) Change ( ) Addition  
Name: ECHEVERRI, OSCAR,  
Address: 179983 N.W. 60CT  
City-St-Zip: MIAMI LAKES, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OSCAR ECHEVERRI

PD

07/19/2005

Electronic Signature of Signing Officer or Director

Date