

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90398 006 ***150.00

DOCUMENT # P00000021485

1. Entity Name

ASHLEY MOBILE TIRE SERVICE PLUS, INC.



Principal Place of Business

11945 SW 213TH ST
MIAMI FL 33177

Mailing Address

11945 SW 213TH ST
MIAMI FL 33177

2. Principal Place of Business

10715 SW 190th #43

Suite, Apt. #, etc.

#43

City & State

Miami FL 33157

Zip

33157

Country

Dade

3. Mailing Address

10715 SW 190th

Suite, Apt. #, etc.

#43

City & State

Miami FL

Zip

33157

Country

Dade



MOORE

CR2E034 (11/03)

4. FEI Number 65-0987950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, OLIMPIA D
11945 SW 213TH ST
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME RAMOS, BISENTE JR
STREET ADDRESS 11945 SW 213TH ST
CITY-ST-ZIP MIAMI FL 33177

TITLE DST ☐ Delete
NAME RAMOS, OLIMPIA D
STREET ADDRESS 11945 SW 213TH ST
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olimpia Ramos

03-24-04 (305) 256-5578

Date Daytime Phone #