

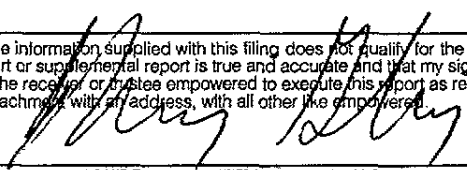


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000054302 1. Entity Name CITY TIRE KENDALL FALLS, INC.		
Principal Place of Business 8700 S.W. 133RD STREET MIAMI, FL 33176	Mailing Address 8700 S.W. 133RD STREET MIAMI, FL 33176	
DO NOT WRITE IN THIS SPACE		 02142006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-1015628 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J CITY NATIONAL BANK BUILDING 2701 LE JEUNE RD., SUITE 404 CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000442752 03/04/06-80035-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINSBERG, HENRY J 8700 S.W. 133RD STREET MIAMI, FL 33176	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02-17-06 305-253-7001 Date Daytime Phone #