

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                       |                                                                                                                                      |                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000056028</b><br>1. Entity Name<br><b>FLAGLER TIRES CENTER INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                                                                                                       |                                                                                                                                      |   |  |
| Principal Place of Business<br><b>11398 W. FLAGLER ST. #101<br/>MIAMI, FL 33174</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                                                                                       | Mailing Address<br><b>11398 W. FLAGLER ST. #101<br/>MIAMI, FL 33174</b>                                                              |                                                                                    |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                         |                                                                                                                                      |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | City & State                                                                                                          |                                                                                                                                      | 02202004    Chg-P    CR2E034 (10/03)                                               |  |
| Zip    Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | Zip    Country                                                                                                        |                                                                                                                                      | 4. FEI Number<br><b>65-1015552</b>                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                       |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PADRON, ROSA S<br/>2703 SW 127 AVENUE<br/>MIAMI, FL 33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                       |                                                                                                                                      |                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      | <b>U000000081210<br/>03/08/04-80140-013 150.00</b>                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PSTD<br>PADRON, ROSA S<br>2703 SW 127 AVENUE<br>MIAMI, FL 33175 <input type="checkbox"/> Delete |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                 |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                 |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                 |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                 |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                 |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| 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. |                                                                                                 |                                                                                                                       |                                                                                                                                      |                                                                                    |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                       |                                                                                                                                      |                                                                                    |  |
| <div style="text-align: right;"> <b>2/23/04</b>    <b>305-480-0800</b><br/> <small>Date    Daytime Phone #</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                       |                                                                                                                                      |                                                                                    |  |