


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P00000056521**


1. Entity Name  
**JO-MAR TIRES SERVICES, INC.**



**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 4757 N.W. 183RD STREET MIAMI, FL 33055	Mailing Address 4757 N.W. 183RD STREET MIAMI, FL 33055
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**DO NOT WRITE IN THIS SPACE**



08042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1020878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAMAN, JOSE  
17840 N.W. 52ND AVENUE  
MIAMI, FL 33055

**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)

U00000957386  
08/08/08-80006-022 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAMAN, JOSE 17840 N.W. 52ND AVENUE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VILLAMAN, MARTINA 17840 N.W. 52ND AVENUE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLAMAN, EDDY TOMAS 17840 N.W. 52ND AVENUE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Martina Villaman 8/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #