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Secretary of State

07-17-2006 90142 015 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000069329

1. Entity Name
J & D TIRES, INC.

4000994 3b

Principal Place of Business
9780 NW 115 WAY
MEDLEY, FL 33178

Mailing Address
12060 S. RIVER DR.
MIAMI, FL 33178-1111

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	9780 NW 115 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MEDLEY, FL
Zip / Country	Zip 33178 / Country

4. FEI Number 52-2255112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JUAN
12060 NW S. RIVER DR.
MIAMI, FL 33178-1111

7. Name and Address of New Registered Agent

Name GONZALEZ, JUAN
Street Address (P.O. Box Number is Not Acceptable) 9780 NW 115 WAY
City MEDLEY FL Zip Code 33178

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, JUAN 12060 NW S. RIVER DR MEDLEY, FL 331781111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, JUAN 9780 NW 115 WAY MEDLEY, FL 33178	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 04-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #