
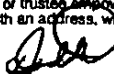


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 045 ***150.00

DOCUMENT # P00000098990 1. Entity Name GLADYS TIRE, CORP.			
Principal Place of Business 4960 E. 4TH AVE. HIALEAH, FL 33013-1509		Mailing Address 4960 E. 4TH AVE. HIALEAH, FL 33013-1509	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent VILLAVICENCIO, ISIDORO G 4960 E. 4TH AVE. HIALEAH, FL 33013-1509		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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	VILLAVICENCIO, ISIDORO G		
STREET ADDRESS	4960 E. 4TH AVE.		
CITY - ST - ZIP	HIALEAH, FL 330131509		
TITLE	VS		
NAME	SAAVEDRA, GLADYS		
STREET ADDRESS	4960 E. 4TH AVE.	DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP	HIALEAH, FL 330131509		
TITLE	T		
NAME	VILLAVICENCIO, ALBERTO		
STREET ADDRESS	4960 E. 4TH AVE.		
CITY - ST - ZIP	HIALEAH, FL 330131509		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		GLADYS SAAVEDRA 4/27/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40121400



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1048309

Applied For
Not Applicable

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