

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90112 045 ***150.00

DOCUMENT # P01000012321

1. Entity Name
MAURICIO TIRES CORPORATION



Principal Place of Business
**865 EAST 25TH STREET
HIALEAH, FL 33013**

Mailing Address
**865 EAST 25TH STREET
HIALEAH, FL 33013**

00023056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1074677

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PLAZZO, MAURICIO
865 EAST 25TH ST.
HIALEAH, FL 33013~~

7. Name and Address of New Registered Agent

Name
Juan E. Sierra

Street Address (P.O. Box Number is Not Acceptable)

865 East 25th St

City
Hialeah

FL

Zip Code
33013

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 **X**

Signature, typed and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **SIERRA, JUAN E**
STREET ADDRESS **8486 N.W. 103 STREET #107**
CITY-ST-ZIP **HIALEAH GARDENS, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
NAME **Juan E. Sierra**
STREET ADDRESS **6901 S.W. 162 ct.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 (305) 691-5563

Date

Daytime Phone #