


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000043279**

1. Entity Name  
**GJS TIRES, INC.**



Principal Place of Business  
**430 N STATE ROAD 7  
 PLANTATION, FL 33311**

Mailing Address  
**430 N STATE ROAD 7  
 PLANTATION, FL 33311**



07172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1102026**

Applied For  
 Not Applicable

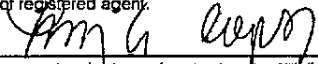
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, LUZ A  
 3854 LYONS ROAD  
 COCONUT CREEK, FL 33073**

**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:  \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

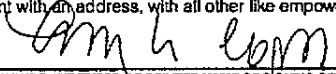
TITLE	D
NAME	LOPEZ, LUIS G
STREET ADDRESS	3854 LYONS ROAD
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	LOPEZ, LUZ A
STREET ADDRESS	3854 LYONS ROAD
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000373662  
 07/20/05-80002-015 8.75

U00000373662  
 07/20/05-80002-016 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **Luz A. Lopez** **07-18-05**

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