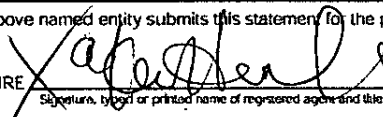
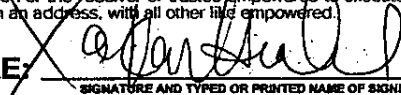


FILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90232 023 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P010000650533			
<b>1. Entity Name</b> PEMBROKE TIRES INC			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 2247 PEMBROKE RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2247 PEMBROKE RD Suite, Apt. #, etc.	
<b>City &amp; State</b> HOLLYWOOD FL		<b>City &amp; State</b> HOLLYWOOD FL	
<b>Zip</b> 33020		<b>Zip</b> 33020	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 65-1106756		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> KEVIN HARRILAL			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2247 PEMBROKE RD			
<b>City</b> HOLLYWOOD <b>FL</b> <b>Zip Code</b> 33020			
<b>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.</b>			
<b>SIGNATURE</b>  <b>KEVIN HARRILAL</b> <b>DATE</b> 3/6/02 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> P/D	<b>NAME</b> KEVIN HARRILAL	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2247 PEMBROKE RD	<b>CITY - ST - ZIP</b> HOLLYWOOD FL 33020	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE</b>  <b>KEVIN HARRILAL</b>		<b>DATE</b> 3/6/02	<b>Daytime Phone #</b> 954-920-7699

CR2E034B (12/01)