**ANNUAL REPORT (AR)** 

SIGNATURE:

## DOCUMENT # P01000057114 **FILED** Feb 12, 2007 08:00 AM JET TIRE SERVICE, INC. Secretary of State Principal Place of Business Mailing Address 2852 N.W. 7TH AVENUE 2852 N.W. 7TH AVENUE MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 65-1119458 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANNAN, MARTIN Street Address (P.O. Box Number is Not Acceptable) 2525 S.W. 3RD AVENUE MIAMI FL 33129 Zip Code City 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 (NOTE; Registered Agent signature required whon reinstalling) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HIFLE. Addition ☐ Change Delete TITLE DEBORA, DANY A NAME NAME U00000633986 2852 N.W. 7TH AVENUE STREET ADORESS STRICT ADDRESS 02/21/07-80083-034 150.00 **MIAMI FL 33127** CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS U000000633986 CITY-ST-ZIP CHY-ST-7IP <u> 02721707-80083</u> Addition TITLE ☐ Delete TILLE 🔲 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP IIILE ☐ Defete me Change Addition STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-S1-ZIP THEF Delete Mre ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP Addition TITLE. Delete TITLE Change NAME NAME. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early; 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.