


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90008 005 ***158.75

DOCUMENT # P01000085483 1. Entity Name WHEEL & TIRES OUTLET, INC.	
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Principal Place of Business 13987 S DIXIE HIGHWAY MIAMI, FL 33176	Mailing Address 13987 S DIXIE HIGHWAY MIAMI, FL 33176
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94003996



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0726400	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AZADI, BEHMAN 13987 S DIXIE HIGHWAY MIAMI, FL 33176

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AZADI, BEHMAN 13987 S DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Pres & Treasurer AZADI, SAUAD 13987 S. Dixie Hwy. MIAMI, FLA 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MAHASTY Ghassemi 13987 S. DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pros 1-14-04

305-259-9411