




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000085483</b>		
1. Entity Name WHEEL & TIRES OUTLET, INC.		
Principal Place of Business 13987 S DIXIE HIGHWAY MIAMI, FL 33176	Mailing Address 13987 S DIXIE HIGHWAY MIAMI, FL 33176	 01202005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0726400 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent AZADI, BEHMAN 13987 S DIXIE HIGHWAY MIAMI, FL 33176		
<b>DO NOT WRITE IN THIS SPACE</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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b> UD00000194047 01/25/05-80084-024 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS AZADI, BEHMAN 13987 S DIXIE HIGHWAY MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT AZADI, JAUAD 13987 S. DIXIE HWY MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GHASSEMI, MAHASTY 13987 S. DIXIE HWY MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-20-05 305-259-0277 Date Daytime Phone #