

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90070 007 \*\*\*158.75

**DOCUMENT # P01000085483**

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**

**60010970**



2. Principal Place of Business

**10460 SW 186th St**  
Suite, Apt. #, etc.

3. Mailing Address

**10460 SW 186 St**  
Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State

**Miami, FL**  
Zip **33157** Country **USA**

City & State

**Miami, FL**  
Zip **33157** Country **USA**

4. FEI Number  
**65-0726400**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**AZADI, BEHMAN  
13987 S DIXIE HIGHWAY  
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**10460 SW 186th Street**  
City **Miami** **FL** Zip Code **33157**

8. The above named entity submits the 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]*

(NOTE: Registered Agent signature required when reinstating)

**1-18-06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete  
NAME **AZADI, BEHMAN**  
STREET ADDRESS **13987 S DIXIE HIGHWAY**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VT** ☐ Delete  
NAME **AZADI, JAVAD**  
STREET ADDRESS **13987 S. DIXIE HWY**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☐ Delete  
NAME **GHASSEMI, MAHASTY**  
STREET ADDRESS **13987 S. DIXIE HWY**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition  
NAME **AZADI, BEHMAN**  
STREET ADDRESS **10460 SW 186 street**  
CITY-ST-ZIP **Miami, FL 33157**

TITLE **Vice Pres TREASURER** ☒ Change ☐ Addition  
NAME **AZADI, JAVAD**  
STREET ADDRESS **10460 SW 186th Street**  
CITY-ST-ZIP **Miami, FL 33157**

TITLE **Director** ☒ Change ☐ Addition  
NAME **GHASSEMI, MAHASTY**  
STREET ADDRESS **10460 SW 186th Street**  
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **1-12-06** **305-259-0217**