

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90068 047 ***158.75

DOCUMENT # P01000085483 1. Entity Name WHEEL & TIRES OUTLET, INC.			
Principal Place of Business 2000 NW 96TH AVE MIAMI, FL 33172		Mailing Address 2000 NW 96TH AVE MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box 19338 SW 78th Pl		3. Mailing Address 19338 SW 78th Pl	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33157		Zip 33157	
Country 		Country 	
4. FEI Number 65-0726400		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZADI, BEHMAN 10460 SW 186TH STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name AZADI BEHMAN Street Address (P.O. Box Number is Not Acceptable) 19338 SW 78th Pl City MIAMI FL Zip Code 33157	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AZADI, BEHMAN 10460 SW 186 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. Pres Sec AZADI BEHMAN 19338 SW 186th Street MIAMI, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT AZADI, JAVAD 10460 SW 186TH STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHASSEMI, MAHASTY 10460 SW 186TH STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		3-18-08 305-345-7671 <small>Date Daytime Phone #</small>	