


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000110397**

1. Entity Name  
 21ST CENTURY TIRES, INC.



Principal Place of Business: 1840 W 49 ST #220-4 HIALEAH, FL 33012 US

Mailing Address: PO BOX 141831 CORAL GABLES, FL 33114 US



03242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1154186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ORDONEZ, SANTANDER B  
 1840 WEST 49TH ST 220-4  
 HIALEAH, FL 33012

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000310567  
 04/18/05-20010-008 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	DE PRAT, DOLORES
STREET ADDRESS	1840 W 49TH ST 220-10
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	V
NAME	DE PRAT, ALVARO
STREET ADDRESS	1840 W 49ST #220-10
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	DE PRAT, THERESA
STREET ADDRESS	1840 W 49TH ST #220-10
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	DE PRAT, ISIDRO
STREET ADDRESS	1840 W 49TH ST #220-10
CITY-ST-ZIP	HIALEAH, FL 33012
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)(f), 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: Alvaro de Prat **ALVARO de PRAT** 4/13/04 305 461 2034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #