

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110397

FILED
Mar 24, 2009
Secretary of State

Entity Name: 21ST CENTURY TIRES, INC.

Current Principal Place of Business:

10415 NW 130 ST
HIALEAH GARDENS, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 822034
PEMBROKE PINES, FL 33082 US

New Mailing Address:

FEI Number: 65-1154186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DE PRAT, DOLORES
Address: 10415 NW 130 ST
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: V () Delete
Name: DE PRAT, ALVARO
Address: 10415 NW 130 ST
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: D () Delete
Name: DE PRAT, THERESA
Address: 10415 NW 130 ST
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: D () Delete
Name: DE PRAT, ISIDRO
Address: 10415 NW 130 ST
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES DE PRAT

PS

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date