

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000020811

1. Entity Name
Y. G. TIRE, INC.



FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90302 040 ***150.00

Principal Place of Business

5386 PALM RIDGE RD.
DELRAY BCH, FL 33484

Mailing Address

5386 PALM RIDGE RD.
DELRAY BCH, FL 33484

6523 WINDINGBROOK WAY
DELRAY BEACH FL 33484

6523 WINDINGBROOK WAY
DELRAY BEACH FL 33484



02152005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0614249

Applied For
Not Applicable

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

Zip Country Zip Country
33484 PALM BEACH 33484 PALM BEACH

6. Name and Address of Current Registered Agent

MILLER, JOHN P
2499 GLADES RD., SUITE 305A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GONZALEZ, YOVANY
STREET ADDRESS 5386 PALM RIDGE RD.
CITY- ST- ZIP DELRAY BCH, FL 33484

TITLE ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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: Yovani Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YOVANI GONZALEZ 3/10/05 561-4415139
Date Daytime Phone #