

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000022053

1. Entity Name
NEIGHBORHOOD TIRES, INC.



Principal Place of Business
4777 NE 183 ST
MIAMI, FL 33055

Mailing Address
4777 NE 183 ST
MIAMI, FL 33055

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0394673

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORDOVA, ANGEL D
780 NW 42 AVE #416
MIAMI, FL 33126

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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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MEDINA, ALBERTO
4777 NW 183 ST
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MEDINA, JULIUS
4777 NW 183 ST
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MEDINA, MIRIAM
4777 NW 183 ST
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000597511
01/24/07-80039-019 150.00

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IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO MEDINA, PRES.

1/16/07

Date

Daytime Phone #