2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000022053

1. Entity Name
NEIGHBORHOOD TIRES, INC.

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

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

000000840994
03/07/08-80016-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEDINA, ALBERTO
STREET ADDRESS	4777 NW 183 ST
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	V
NAME	MEDINA, JULIUS
STREET ADDRESS	4777 NW 183 ST
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	ST
NAME	MEDINA, MIRIAM
STREET ADDRESS	4777 NW 183 ST
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 Alberto Medina ALBERTO MEDINA, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #