


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90021 008 \*\*\*150.00

DOCUMENT # P02000022210		
1. Entity Name C M C TIRE REPAIR SERVICES, INC.		

Principal Place of Business 3753 SW 156TH CT. MIAMI, FL 33185	Mailing Address 3753 SW 156TH CT. MIAMI, FL 33185
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40051943



2. Principal Place of Business - No P.O. Box # 5248 SW 161 PL.	3. Mailing Address 5248 SW 161 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02282008 Chg-P CR2E034 (12/06)

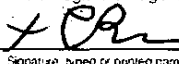
City & State MIAMI, FL 33185	City & State MIAMI, FL 33185
Zip	Country

4. FEI Number 01-0671719	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMIREZ, CANDIDO G 3753 SW 156TH CT. MIAMI, FL 33185	
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7. Name and Address of New Registered Agent Name CANDIDO G. RAMIREZ Street Address, P.O. Box Number is Not Acceptable 5248 SW 161 PL. City MIAMI FL Zip Code 33185	
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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 	CANDIDO G. RAMIREZ	03/20/2008
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAMIREZ, CANDIDO G 3753 SW 156TH CT. MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, CANDIDO G 3753 SW 156TH CT. MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	CANDIDO G. RAMIREZ PRESIDENT 03/20/2008 (305) 219-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	