

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058218

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: TIRE SOLUTIONS PLUS, INC.

## Current Principal Place of Business:

2611 HAMMONDVILLE RD  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

2611 HAMMONDVILLE RD  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 03-0458893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIBEIRO, PAULA  
2159 N W 37TH AVENUE  
COCONUT CREEK, FL 33066 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: P ( ) Delete  
Name: RIBEIRO, PAULA  
Address: 2159 N W 37TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP ( ) Delete  
Name: RIBEIRO, AMANDIO  
Address: 2159 NW 37TH AVE  
City-St-Zip: COCONUT CREEK, FL 33066

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAULA RIBEIRO

P

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date