

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000080788

1. Entity Name
NEBRASKA TIRES, CORP.



**FILED
Jan 31, 2008 8:00 am
Secretary of State**

01-31-2008 90024 049 ***150.00

Principal Place of Business
4402 N NEBRASKA AVE
TAMPA, FL 33603

Mailing Address

4402 N NEBRASKA AVE
TAMPA, FL 33603

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212008 Chg-P CR2E034 (12/06)

4. FEI Number 55-0788556	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BETANCOURTH, ELVIRA
4402 N NEBRASKA AVE
TAMPA, FL 33603

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

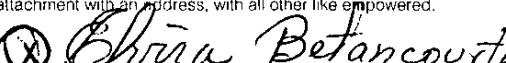
TITLE PD
NAME BETANCOURTH, ELVIRA
STREET ADDRESS PO BOX 8447
CITY-ST-ZIP TAMPA, FL 33674

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #