

FILED
Mar 21, 2007 8:00 am
Secretary of State


03-21-2007 90029 045 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

60025930



03092007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000127005			
1. Entity Name MACK TIRE & TIRE SUPPLY, INC.			
Principal Place of Business P.O. BOX 291497 DAVIE, FL 33329 US		Mailing Address P.O. BOX 291497 DAVIE, FL 33329 US	
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
4. FEI Number 06-1670230		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISMAIL, SAMARA 4201 S. STATE ROADY 7 DAVIE, FL 33314		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	SAMARA, ISMAIL		
STREET ADDRESS	P.O. BOX 291497		
CITY- ST- ZIP	DAVIE, FL 33329		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: <i>Ismael Samara</i>		3-19-2007 954-275-9718	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	