


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90090 031 ***150.00


| | |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # <u>P02 600128724</u> |  |
| 1. Entity Name <u>Tire Systems USA Inc</u> | |

| | |
|-----------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business <u>Tire Systems</u> | Mailing Address <u>2280 west 84 st</u> <u>Hialeah, FL 33016</u> |
|-----------------------------------------------------------|------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------|------------------------------------------|
| 2. Principal Place of Business <u>2280 west 84 st</u> | 3. Mailing Address <u>SAME</u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-----------------------------------------------|----------------------------------------|
| City & State <u>Hialeah, FL</u> | City & State <u>SAME</u> |
| Zip <u>33016</u> | Country <u>Dade</u> |
| Zip <u>SAME</u> | Country <u>SAME</u> |

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01312005 Chg-P CR2E034 (10/03)

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|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 4. FEI Number <u>13-4225453</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent <u>Jorge R. Chirinos</u> <u>7346 west 34 Court</u> <u>Hialeah, FL 33018</u> | 7. Name and Address of New Registered Agent 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 Jorge R. Chirinos **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, 2005 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE <u>President</u> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <u>Jorge R. Chirinos</u> | | NAME | |
| STREET ADDRESS <u>7346 W 34 st</u> | | STREET ADDRESS | |
| CITY-ST-ZIP <u>Hialeah, FL 33018</u> | | CITY-ST-ZIP | <u>N/A.</u> |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jorge R. Chirinos **DATE** _____ **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR