2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 18, 2005 08:00 AM DOCUMENT # P03000018026 1. Entity Name **Secretary of State** TIRE EMPIRE AUTO CENTER CO. Principal Place of Business _ _Mailing Address 12915 NW 7TH AVE =12915 NW 7TH AVE MIAMI FL 33168 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 76-0725104 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSEN, MARIA H Street Address (P.O. Box Number is Not Acceptable) 12915 NW 7TH AVE MIAMI FL 33168 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete HILE Change Addition ANDERSEN, ALEJANDRO J NAME NAME 12915 NW 7TH AVE UQQQQQQ268193 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 03/18/05-80034-002 150.00 MIAMI FL 33168 CITY ST-ZIP Addition ☐ Change TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZiP CITY-ST-ZIP Delete HILE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City St-7P ☐ Delete HILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ЩЕ ☐ Delete DILLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY-SI-7P 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 a chapter like empowered.

SIGNING OFFICER OR DIRECTOR

3-15-05 (305) 769-5068
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