


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000020321
 1. Entity Name
 MONZON TIRES & REPAIRS, INC.



Principal Place of Business Mailing Address
 4616 CLARK AVENUE PO BOX 499
 TAMPA, FL 33614 VALRICO, FL 33595

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 55-0822514 Not Applicable

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

8. Name and Address of Current Registered Agent
 MONZON, ALBERT SR
 905 KIRKCALDY WAY
 VALRICO, FL 33594

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6. 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 _____ 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, 2006 Fee will be \$550.00

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

000000446453
 03/08/06-80015-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONZON, ALBERTO
STREET ADDRESS	905 KIRKCALDY WAY
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP
NAME	MONZON, BRENDA
STREET ADDRESS	905 KIRKCALDY WAY
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Alberto Monzon 2-21-06 813-872-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #