2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State

DOCUMENT # P03000035934 1. Entity Name UMELITO TIRE & MORE, INC.			03-24-2005 90041 034 ***150.00
Principal Place of Business 8486 NW 103 STREET #T07-H HIALEAH GARDENS, FL 33016	Mailing Address 8486 NW 103 STREST # HIALFAH GARDENS, FL 3	107-H 33016	
2. Principal Place of Business	3. Mailing Address	·	
6401 SW 162 C+ Suite, Apt. #, etc.	Suite, Apt. #, etc.	162 ct	03172005 Chg-P CR2E034 (10/03)
City & State .	City & State FL		4. FEI Number Applied For
Miami FL	Zip	Country _	5 -0456408 Not Applicab
33193 USA	33193 Begistered Agent	<u>us a</u>	Certificate of Status Desired Fee Required Name and Address of New Registered Agent
"Narge			N I I P
SIERRA, GITTY R 8486 NW 103 STREET #107-H Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH GARDENS, FL\33016	7	6401	SW 162 C+
		MIAT	
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 comiled game of lightered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Signature, typed or purified name of differend agent	and title if applicable. (NOTE: F	Registered Agent signature rec	equited when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME SIERRA, JUAN E	☐ Delete	TITLE P	B Change Addition
STREET ADDRESS 8486 NW 103 STREET #197-R		STREET ADDRESS 6	401 SW 162 CT
DITE VD HIALEAH GARDENS, FL 33016			liami FL 33193
NAME SIERRA, GITTYR	Dejete	TITLE YOU	D jera, Citty R. ⊠Change □ Additio
STREET ADDRESS 8486 NW 103 STREET #107-H CITY-ST-ZIP HIALEAH GARDENS, FL 33016		_	401 SW 162 C+
TITLE	□ Delete	TITLE	(1Am); FL 33193 ☐ Change ☐ Addition
NAME	-	NAME	_ , _
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP :	1_/	CITY-ST-ZIP	<u> </u>
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 embowered 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, withyall other like empowered.			