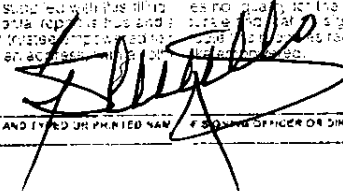


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90037 050 ***150.00

DOCUMENT # P03000037813			
1. Entity Name U.S. ANILLO TIRE CO.			
Principal Place of Business		Mailing Address	
4029 NW 25 STREET MIAMI, FL 33142		4029 NW 25 STREET MIAMI, FL 33142	
2. Principal Place of Business - PO Box #		3. Mailing Address	
Suite, Apt # etc		Suite	
City & State		City & State	
Zip		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANILLO, SERGIO F 4029 NW 25 STREET MIAMI, FL 33142		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 S. Anillo, Agent or authorized registered agent or officer		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ANILLO, SERGIO F 4029 NW 25 STREET MIAMI, FL 33142	☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD CARIDAD, ANILLA J 4025 SW 25ST MIAMI, FL 33142	☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add New
12. I hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am a duly qualified director of the corporation or the recorder of the state of Florida, and that my name appears in the list of directors of the corporation.			
SIGNATURE: 		4/26/07 305-871-3359	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

401113002



04252007 Chg-P CR2EC34 (12/06)

4. FRI Number 27-0053532 Applied For Not Applicable

5. Certificate of State's Decision ☐ \$8.75 Additional Fee Required

FL

Zip Code

\$5.00 May Be Added to Fees

SD
CARIDAD, ANILLA J
4025 SW 25ST
MIAMI, FL 33142
☒ Change ☐ Add New