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 CC.

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 - Do Not P.O. Box #
Suite, Apt. # etc.
City & State
Zip Country

3. Mail Address
Suite, Apt. # etc.
City & State
Zip Country

04252007 Chg-P CR2EC034 (12/06)

4. FEI Number
27-0053532
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANILLO, SERGIO F
4029 NW 25 STREET
MIAMI, FL 33142

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 _____ 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

TITLE	PD	☐ Delete
NAME	ANILLO, SERGIO F	
STREET ADDRESS	4029 NW 25 STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	SD	☐ Delete
NAME	CARIDAD, ANILLA J	
STREET ADDRESS	4025 SW 25ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☐ Add
NAME	CARIDAD, ANILLO J	
STREET ADDRESS	4025 SW 25 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing, and any attachments hereto, is true and accurate. For profit corporations only: 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 above, if changed, or on an attachment with an address, with the exception of the resigning officer or director.

SIGNATURE: X _____ 4/26/07 305-871-3359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone