

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91055 034 ***150.00

DOCUMENT # P03000060383 1. Entity Name ROLAN PARTS & TIRES, INC					
Principal Place of Business 13117 NW 87TH AVENUE 16 HIALEAH GARDENS, FL 33018			Mailing Address 13117 NW 87TH AVENUE 16 HIALEAH GARDENS, FL 33018		
2. Principal Place of Business 13117 NW 107 AVE		3. Mailing Address 13117 NW 107 AVE			
Suite, Apt. #, etc. 16		Suite, Apt. #, etc. 16			
City & State HIALEAH GARDENS, FL		City & State HIALEAH GARDENS FL		4. FEI Number 20-0047627	
Zip 33018		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAZAR, ROLANDO J 4550 NW 79 AVENUE 1 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SALAZAR, ROLANDO J		<input type="checkbox"/> Delete		
STREET ADDRESS 4550 NW 79TH AVENUE # 1	CITY-ST-ZIP MIAMI, FL 33166		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SC	NAME SALAZAR, TATIANA		<input type="checkbox"/> Delete		
STREET ADDRESS 4550 NW 79TH AVENUE # 1	CITY-ST-ZIP MIAMI, FL 33166		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 4/30/04 305 817-3802 </div> <small>Date Daytime Phone #</small>		

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Attachment

34065917

#P03000060383

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Suite, Apt. #, etc. <i>16</i>			Suite, Apt. #, etc. <i>16</i>		
City & State <i>HIALEAH GARDENS, FL</i>			City & State <i>HIALEAH GARDENS, FL</i>		
Zip <i>33018</i>		Country <i>DADE</i>		Zip <i>33018</i>	
Country <i>DADE</i>		4. FEI Number <i>20-0047627</i>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, ROLANDO J 4550 NW 79TH AVENUE # 1 MIAMI, FL 33166		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					