2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ID TYPED OR PRINTED NA

ME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am **Secretary of State** DOCUMENT # P03000060383 1. Entity Name 05-03-2004 91055 034 ***150.00 **ROLAN PARTS & TIRES, INC** Principal Place of Business Mailing Address 13117 NW 87TH AVENUE 13117 NW 87TH AVENUE HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 13117 NW 107 AVE Suite, Apt. #, etc. 04202004 CR2E034 (10/03) HIMEN HUARDERS FL 4. FEI Number Applied For Not Applicable Country DADE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALAZAR, ROLANDO J Street Address (P.O. Box Number is Not Acceptable) 4550 NW 79 AVENUE MIAMI, FL 33166 City 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. Signature, typed or printed name of registered egent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!-FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TILE ☐ Delete TITLE Change Addition SALAZAR, ROLANDO J NAME NAME STREET ADDRESS 4550 NW 79TH AVENUE # 1 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Change ☐ Addition ŦПLE ☐ Delete NAME SALAZAR, TATIANA NAME STREET ADDRESS STREET ADDRESS 4550 NW 79TH AVENUE # 1 MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ŢΠLF ■ Addition STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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2004 FOR PROFIT CORPORATION ON THE PROPERTY OF THE PROPERTY OF

1. Entity Name	Э	# P0300060 TIRES, INC	383				-30 H	100 103	05 7 ,000	1] Xe028
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2. Principal Place of Business 13/17 N W 107 AVE 13/17 N W 107 AVE 13/17 N W					AUE					
Suite, Apt.	·		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (10/03)	
					eas FL	4. FEI Number	20-004	762	7) — —	olied For Applicable
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SALAZAR,		and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered A	gent	
4550 NW 7 1			Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	33166		City			FL	Zip Code			
		y submits this statement fo tered agent.	r the purpose of changing	its register	red office or registe	red agent, or bo	th, in the State of Fl	orida. I am la	amiliar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable. (A	IOTE: Registere	nd Agent signature require	d when reinstating)		DATE		
FILI After Ma	E NOW!!! sy 1, 200	FEE IS \$150.00 4 Fee will be \$550.	9. Election Cam Trust Fund Co			.00 May Be ded to Fees				_
10.		OFFICERS AND		11.		ADDITIONS	 CHANGES TO OF	FICERS AND	DIRECTORS	iN 11
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indicated of the co- changed	on this reportion or poration or , or on an at	ne information supplied with of or supplemental report is the receiver or trustee emp tachment with an address,	s true and accurate and the owered to execute this rep	at my signa ort as requ	ature shall have the	same legal effe	ct as if made under	oath; that I a	m an officer	or director
SIGNAT	UKE:	SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFI	CER OR DIREC	TOR		Date	De	sytime Phone #	