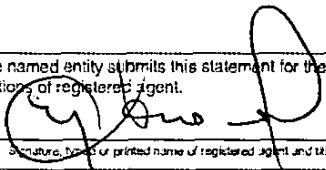
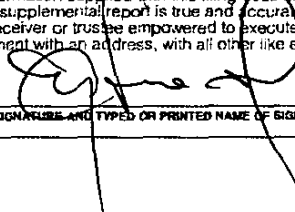


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90480 034 ***150.00

DOCUMENT # P03000060383 1. Entity Name ROLAN PARTS & TIRES, INC					
Principal Place of Business 13117 NW 107TH AVENUE 16 HIALEAH GARDENS, FL 33018			Mailing Address 13117 NW 107TH AVENUE 16 HIALEAH GARDENS, FL 33018		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-0047627				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$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 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALAZAR, ROLANDO J 4550 NW 79TH AVENUE # 1 MIAMI, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. Salazar, Rolando J 4130 NW 79th AVE APT 1H MIAMI, FL 33166	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC SALAZAR, TATIANA 4550 NW 79TH AVENUE # 1 MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC SALAZAR, TATIANA 4130 NW 79th AVE APT 1H. MIAMI, FL 33166	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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:  Date: Daytime Phone #:					