2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all of

SIGNATURE:

turo

Date

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ .~.

May 04, 2005 8:00 am Secretary of State DOCUMENT # P03000079114 05-04-2005 90156 032 ***150.00 1. Entity Name EXPRESS TIRES PLUS, INC. Principal Place of Business Mailing Address 2213 SW 57TH AVE BAY 7 2213 SW 57TH AVE BAY 7 HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0094910 Not Applicable Zip Country Zip Country \$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 GRANT, FRITZ 4200 NW 16TH STE 608 LAUDERDHILL, FL 33313 : ' 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 agent and title if applicable. (NOTE: Recistored Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THLE ☐ Change ☐ Addition STEWART, BASFORD NAME NAME STREET ADDRESS 1701 NW 46TH AVE STREET ADDRESS CITY-ST-7IP LAUDERHILL, FL 33313 CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition NAME NAME 56 ta STREET ADDRESS STREET ADDRESS 33032 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Delete TITLE Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED