

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090041

Entity Name: TIRE FOREVER, CORP.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

27 S H STREET
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

27 S H STREET
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 20-0172265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE OLIVEIRA, ALCIDES F
2095 NW 65TH AVE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE OLIVEIRA, ALCIDES F
Address: 2095 NW 65TH AVE
City-St-Zip: MARGATE, FL 33063 US

Title: D () Delete
Name: SOUZA PERROUT, ANNA PAULA
Address: 27 S H STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: LEAL, MARCELLO B
Address: 27 S H STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D () Delete
Name: SILVA, MARCIO R
Address: 27 S H STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: DE OLIVEIRA, ALCIDES F
Address: 2095 NW 65TH AVE
City-St-Zip: MARGATE, FL 33063 US

Title: D (X) Change () Addition
Name: SOUZA PERROUT, ANNA PAULA
Address: 27 S H STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SILVA, MARCIO R
Address: 27 S H STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D () Change (X) Addition
Name: PERROUT, FERNANDO
Address: 27 S H STREET
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALCIDES F DE OLIVEIRA

P,D

01/08/2007

Electronic Signature of Signing Officer or Director

Date