

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101784

FILED
Jan 29, 2004
Secretary of State

Entity Name: TIRES WAY OF AMERICA INC.

Current Principal Place of Business:

1516 E. COLONIAL DR.
107
ORALNDO, FL 32803 US

Current Mailing Address:

1516 E. COLONIAL DR.
107
ORALNDO, FL 32803 US

New Principal Place of Business:

6200 E. COLONIAL DR IVE
BLDG 2
ORLANDO, FL 32807 US

New Mailing Address:

6200 E. COLONIAL DRIVE
BLDG 2
ORLANDO, FL 32803 US

FEI Number: 41-2108889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CRISTINA
285 WYMORE ROAD
206
ALTAMONTE SPRINGS, FL 32714 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: DP () Delete
Name: OLIVEIRA, ROQUE S
Address: SHISQI 16 CONJ 2 CASA 3, LAGO SUL
City-St-Zip: BRAZILIA, DF 70363 BR

Title: DVP () Delete
Name: OLIVEIRA, MAURICIO S
Address: SHISQI 16 CONJ 2 CASA 3, LAGO SUL
City-St-Zip: BRAZILIA, DF 70363 BR

Title: DT () Delete
Name: OLIVEIRA, FLAVIO S
Address: SQS 310 BLOCO H, APT 603
City-St-Zip: BRAZILIA, DF 70363 BR

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: OLIVEIRA, FLAVIO S
Address: 5029 CITY STREET APT 1815
City-St-Zip: ORLANDO, FL 32839 US

Title: DS () Change (X) Addition
Name: MAZO, LUIS F
Address: 9914 DEAN COVE LN
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROQUE S OLIVEIRA

DP

01/29/2004

Electronic Signature of Signing Officer or Director

Date