


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90001 031 \*\*\*150.00

<b>DOCUMENT # P03000130667</b>					
1. Entity Name <b>CHEROKEE TIRE, INC.</b>					
Principal Place of Business <b>6145 SW 92ND ST MIAMI FL 33156</b>			Mailing Address <b>6145 SW 92ND ST MIAMI FL 33156</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0870172</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE 2ND FL CORAL GABLES FL 33134</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, GUILLERMO		NAME		
STREET ADDRESS	6145 SW 92ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARLENE A		NAME		
STREET ADDRESS	6145 SW 92ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 907, 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: <i>Guillermo Fernandez</i>			2/26/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66431364



MOORE CR2E034 (11/03)

Attachment  
66431364

**CHEROKEE TIRE, INC.**  
6145 SW 92<sup>nd</sup> Street  
Miami, Florida 33156

**July 30, 2004**

Attn: Annual Reports Section  
Division of Corporations  
P.O. Box 1500

Tallahassee, Florida 32302-1500

Re: P03000130667

Dear Sir or Madam:

Enclosed please find the 2004 Uniform Business Report for Cherokee Tire, Inc. Further enclosed is a letter from the Florida Secretary of State dated March 8, 2004 stating that the annual report was not filed for failure to include the company's Employer Identification Number. Please advise that we have since included the requested information.

We respectfully request that the \$400.00 penalty fee be waived as we were out of town and were, therefore, not able to timely provide you with the information requested.

Thank you for your cooperation in this matter. Please do not hesitate to contact me if you have any questions.

Sincerely,

  
Marlene A. Fernandez, Director