


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000078857</b> 1. Entity Name 6675 PEMBROKE TIRE COMPANY, INC.	
--	---

FILED  
05 MAY -5 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 17100 COLLINS AVE., STE. 108 SUNNY ISLE, FL 33160	Mailing Address 17100 COLLINS AVE., STE. 108 SUNNY ISLE, FL 33160
---	---



2. Principal Place of Business <b>6675 PEMBROKE RD</b>	3. Mailing Address <b>6675 PEMBROKE RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05032005 Chg-P CR2E034 (10/03)

City & State <b>PEMBROKE PINES FL</b>	City & State <b>PEMBROKE PINES, FL.</b>
Zip <b>33023</b>	Country
Zip <b>33023</b>	Country

4. FEI Number <b>20-2277847</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
PICHARDO, SUSAN 6675 PEMBROKE RD PEMBROKE PINES, FL 33023	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**400054281864**  
05/11/05--01042--015 \*\*158.75

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICHARDO, MANUEL 20741 NW 9 COURT - APT. 202 NORTH MIAMI, FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHARDO, SUSAN 20741 NW 9 COURT - APT. 202 NORTH MIAMI, FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICHARDO, MANUEL 6675 PEMBROKE ROAD <del>PEMBROKE PINES, FL. 33023</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHARDO, SUSAN 6675 PEMBROKE ROAD PEMBROKE PINES FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Pichardo* DATE: 4/30/05 954-989-6522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #