

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90033 015 ***158.75

DOCUMENT # P04000078857					
1. Entity Name 6675 PEMBROKE TIRE COMPANY, INC.					
Principal Place of Business 6675 PEMBROKE RD PEMBROKE PINES, FL 33023			Mailing Address 6675 PEMBROKE RD PEMBROKE PINES, FL 33023		
2. Principal Place of Business - No P.O. Box # 5932 Funston ST.		3. Mailing Address 5932 Funston ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood Florida		City & State Hollywood Florida		4. FEI Number 20-2277847	
Zip 33023		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 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: <u>Pichardo, Susan</u> Street Address (P.O. Box Number is Not Acceptable): <u>5932 Funston Street</u> City: <u>Hollywood</u> FL <u>Zip Code</u> <u>33023</u>		
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: <u>X Susan Pichardo</u> 3/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME PICHARDO, MANUEL STREET ADDRESS 6675 PEMBROKE RD CITY-ST-ZIP PEMBROKE PINES, FL 33023	<input type="checkbox"/> Delete		TITLE VP NAME PICHARDO, Manuel STREET ADDRESS 5932 Funston Street CITY-ST-ZIP Hollywood Fla. 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME PICHARDO, SUSAN STREET ADDRESS 6675 PEMBROKE RD CITY-ST-ZIP PEMBROKE PINES, FL 33023	<input type="checkbox"/> Delete		TITLE P NAME PICHARDO SUSAN STREET ADDRESS 5932 FUNSTON STREET CITY-ST-ZIP Hollywood Fla. 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained 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 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: <u>X Susan Pichardo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/3/08 - 954-989-6522 <small>Date Daytime Phone #</small>		