

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000098437

1. Entity Name
BECERRA GENERAL MECHANIC & TIRE CARE, INC.



**FILED
Jun 14, 2005 8:00 am
Secretary of State**

06-14-2005 90001 002 ***158.75

Principal Place of Business
307 NE 61ST STREET
MIAMI, FL 33141

Mailing Address
307 NE 61ST STREET
MIAMI, FL 33141

2. Principal Place of Business
750 NE 62 STREET
Suite, Apt. #, etc.
#207

3. Mailing Address
750 NE 62 STREET
Suite, Apt. #, etc.
#207

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33138

Country
MIAMI-DADE

Zip
33138

Country
MIAMI-DADE

4. FEI Number
43-2056192

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAYAZ, ARIEL
625 75TH STREET #3
MIAMI BEACH, FL 33141

Name
BECERRA, PEDRO

Street Address (P.O. Box Number is Not Acceptable)

750 NE 62 STREET # 207

City
MIAMI

FL
Zip Code
33138

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.

PEDRO BECERRA

05/26/2005

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

DATE

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BECERRA, PEDRO
750 NE 62ND STREET #207
MIAMI, FL 33138

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BECERRA, ENRIQUE
750 NE 62ND STREET #207
MIAMI, FL 33138

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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:

PEDRO BECERRA / PRESIDENT

05/26/2005 (305) 751-6196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40088099

May 26, 2005

Florida Department of State
Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Subject: BECERRA GENERAL MECHANIC & TIRE CARE, INC.
Document No.: P04000098437

Dear Sir or Madam:

We want to inform you that we did not receive The 2005 Uniform Business Report on time. After two months of having called, we still have received the form. We just realized that it could be downloaded from the internet which we did not have access previously.

Due to the above-mentioned inconvenience, we did not send the payment before, until now. We are soliciting you to please waive the assigned late fees. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at (786) 547-9847 We will be waiting for your prompt and positive response.

Cordially,



Pedro Becerra
President