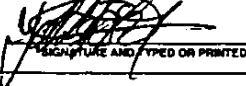


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED
5/9/2005-90294-020-\$150.00-\$150.00

05 JUN 10 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000121785			
1. Entity Name YOLE VERO TIRE & AUTO, CORP.			
Principal Place of Business 1102 21 STREET VERO BEACH, FL 32960		Mailing Address 4657 FRANWOOD DRIVE DELRAY BEACH, FL 33445	
2. Principal Place of Business 1102 21 Street	3. Mailing Address 4657 Franwood DR		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Vero Beach, FL	City & State DeLray Beach, FL	4. FFI Number #65-1138078	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32960	Country Indian Riv. 33445	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SAINT FORT, YOLAINE L 4657 FRANWOOD DRIVE DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name YOLAINE LOUIS JEUNE ST FORT Street Address (P.O. Box Number is Not Acceptable) 4657 FRANWOOD DR City DeLray Beach FL Zip Code 33445	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAINT-FORT, YOLAINE L 4657 FRANWOOD DRIVE DELRAY BEACH, FL 33445 <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	VP SAINT-FORT, RIGAUD 4657 FRANWOOD DRIVE DELRAY BEACH, FL 33445 <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
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 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: 		YOLAINE LOUIS JEUNE ST FORT Date 5/14/05 Daytime Phone 361-499-7644	