2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 21, 2005 8:00 am
Secretary of State

05-03-2005 90095 030 ***150.00

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04272005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000135110

1. Entity Name
128 W DIXIE INC.

Principal Place of Business	Mailing Address
PO BOX 402493 MIAMI BEACH, FL 33140	PO BOX 402493 MIAMI BEACH, FL 33140

2. Principal Place of Business	3. Mailing Address
Goodyear Tire & Rubber Co	12850 W Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Florida	City & State
Zip: 33161 Country: Dade	Zip Country

4. FEI Number: 340253240 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MATYAS, ATTILA
1450 LINCOLN ROAD
UNIT 705
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: Goodyear Tire & Rubber Co
Street Address (P.O. Box Number is Not Acceptable): 12850 W Dixie Hwy
City: N. Miami FL Zip Code: 33161

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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MATYAS, ATTILA PO BOX 402493 MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: ____________ 4/27/05 305-336 3142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #