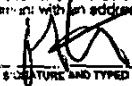


FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90017 014 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000135275			
1. Entity Name MARTIN MIGUEL MOBILE TIRE SERVICE, CORP.			
Principal Place of Business 61 West 23 Street #105 Hialeah FL 33010		Mailing Address 61 West 23 Street #105 Hialeah FL 3301	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1677853		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MIGUEL A. 61 West 23 Street #105 Hialeah FL 33010		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 Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when renewing) 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	
☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP MARTIN, MIGUEL A 61 West 23 St #105 Hialeah FL 33010		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ 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 TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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 as an attachment with an address, with all other like empowered.			
SIGNATURE: X 		4/30/2005 (305) 805-8396	
Typed and Printed Name of Boarding Officer or Director		Typed Phone #	