2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90095 027 ***150.00

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01312005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000169508

1. Entity Name
AUTO TIRES INC

Principal Place of Business	Mailing Address
AUTO TIRES INC	2280 west 84 st Hialeah, FL 33016

2. Principal Place of Business	3. Mailing Address
2280 WEST 84 St	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State Hialeah, Florida	City & State SAME
Zip 33016 / Country Dade	Zip SAME / Country Dade

4. FEI Number 27-0111911 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Claudia Mirella Arevalo
7346 West 34 Court
Hialeah, FL 33018

7. Name and Address of New Registered Agent
Name SAme.
Street Address (P.O. Box Number is Not Acceptable) SAme
City Same FL Zip Code 33018

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 Claudia Marvalo
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	President Claudia M. Arevalo 7346 W 34 ct Hialeah FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ Change ☐ Addition
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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: Claudia M Arevalo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #