

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000000701

1. Entity Name
ALL SURPLUS TIRES, INC.



9/6/2006-90038-047-\$150.00-\$150.00

FILED

06 OCT -2 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07042006 Chg-P CR2E034 (11/05)

Principal Place of Business
**4611 NW 93RD AVE
SUNRISE, FL 33351**

Mailing Address
**4611 NW 93RD AVE
SUNRISE, FL 33351**

2. Principal Place of Business
1716 N. DIXIE Hwy

3. Mailing Address
1716 N. DIXIE Hwy

Suite, Apt. #, etc.

City & State
Holly wood FL

City & State
Holly wood FL

Zip
33020

Country
Bahamas

Zip
33020

Country
FL

4. FEI Number
76-0775874

Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
**MATHIEU, DOMINIQUE
4611 NW 93RD AVE
SUNRISE, FL 33351**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D MATHIEU, DOMINIQUE 4611 NW 93RD AVE SUNRISE, FL 33351 <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	D MATHIEU, MARIE V 4611 NW 93RD AVE SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Dominique Mathieu **DOMINIQUE MATHIEU** **8/20/06** **954-925-8755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

jc 10/4