

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

2/6/

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90060 050 \*\*\*150.00

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<b>DOCUMENT # P05000003356</b>			
1. Entity Name <b>KING OF WHEELS, INC.</b>			
Principal Place of Business <b>2504 NW 50TH ST. TAMARAC, FL 33309</b>		Mailing Address <b>2504 NW 50TH ST. TAMARAC, FL 33309</b>	
2. Principal Place of Business <b>2504 NW 50 ST.</b>		3. Mailing Address	
State, Aot., #, etc.		State, Aot., #, etc.	
City & State <b>Tamara FL</b>		City & State <b>FL</b>	
Zip <b>33309</b>		Country	
4. FID Number <b>59-3793786</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DIAZ, OVIDIO 2504 NW 50TH ST. TAMARAC, FL 33309</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Accepted)	
City		Zip Code <b>FL</b>	
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: _____ DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>DIAZ, OVIDIO</b> 2504 NW 50TH ST. TAMARAC, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	IVSD <b>DIAZ, MITCHEL</b> 1900 TALLWOOD APT. 101 HOLLYWOOD, FL 33021	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 exemptions contained in Chapter 419, 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: <u>OVIDIO DIAZ</u>		2-2-06 954-894-7204	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	



ATTACHMENT

66005328

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

KING OF WHEELS, INC.  
2504 NW 50TH ST.  
TAMARAC, FL 33309

Subject: KING OF WHEELS, INC.

Reference Number:

P05000003356

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION