


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90027 036 \*\*\*150.00

<b>DOCUMENT # P05000010068</b>	
1. Entity Name <b>ARDON TIRE CORPORATION</b>	

Principal Place of Business <b>2783 N. DIXIE HIGHWAY WILTON MANORS, FL 33334</b>	Mailing Address <b>2783 N. DIXIE HIGHWAY WILTON MANORS, FL 33334</b>
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**40012889**



01252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # <b>2808 N. Dixie Highway</b>	3. Mailing Address <b>2808 N. Dixie Highway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Wilton Manors Florida</b>	City & State <b>Wilton Manors Florida</b>
Zip <b>33334</b>	Country <b>Broward</b>
Zip <b>33334</b>	Country <b>Broward</b>

4. FEI Number <b>20-2205657</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ARDON, LUIS 2783 N. DIXIE HIGHWAY WILTON MANORS, FL 33334</b>	
7. Name and Address of New Registered Agent Name <b>(Agent Same) Luis Ardon</b> Street Address (P.O. Box Number is Not Acceptable) <b>2808 N. Dixie Highway</b> City <b>Wilton Manors</b> FL Zip Code <b>33334</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARDON, LUIS 2783 N. DIXIE HIGHWAY WILTON MANORS, FL 33334 <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	VP ARDON, MARIA 2783 N. DIXIE HIGHWAY WILTON MANORS, FL 33334 <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	S ARDON, JENNIFER 2783 N. DIXIE HIGHWAY WILTON MANORS, FL 33334 <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 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: **Luis S Ardon** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/07/07** Daytime Phone # \_\_\_\_\_