2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

TYPED OR PRINTED NAI

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Dete

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P05000035905 04-30-2007 90444 001 ***150.00 1. Entity Name CORAL WAY TIRES AND SERVICE, CORP. Principal Place of Business Mailing Address 6800 CORAL WAY 6800 CORAL WAY MIAM!, FL 33155-1704 MIAMI, FL 33155-1704 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 30-0302578 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONTRERAS, JOSE Street Address (P.O. Box Number is Not Acceptable) 6800 CORAL WAY MIAMI, FL 33155-1704 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CONTRERAS, JOSE NAME STREET ADDRESS 6800 CORAL WAY STREET ADDRESS CITY-ST-7IP MIAMI, FL 33155 City-St-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition MORALES, ROGELIO NAME NAME STREET ADDRESS 4586 SW 159 CT STREET ADDRESS CITY-ST-7IP MIAMI, FL 33187 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.