

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000040998		
1. Entity Name ANYTIME PROFESSIONAL TIRE SERVICE, INC.		
Principal Place of Business 22234 SW 98TH PL MIAMI, FL 33196		Mailing Address 22234 SW 98TH PL MIAMI, FL 33196
DO NOT WRITE IN THIS SPACE		
		
07312007 No Chg-P CR2E034 (11/05)		
4. FEI Number 20-2524743		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HURTADO, GABRIEL 22234 SW 98TH PL MIAMI, FL 33196		DO NOT WRITE IN THIS SPACE
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 _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HURTADO, GABRIEL 22234 SW 98TH PL MIAMI, FL 33196	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		