2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 22, 2006 8:00 am Secretary of State

DOCUMENT # P05000043590 1. Entity Name MARIO'S TIRE WORKS, INC.						Secretary of State 05-22-2006 90043 019 ***150.00					
Principal Place of Business 1 SE 3RD AVE SUITE 2230 MIAMI, FL 33131		Mailing Address 1 SE 3RD AVE SUITE 2230 MIAMI, FL 33131		-	4009373&						
2. Principal Place of Business 7851 NW 15 STREET Suite, Apt. #, etc.		3. Mailing Address 7851 NW 15 STREET Suite, Apt. #, etc.									
City & State		City & State				0417200 4. FEI Nun		-	CR2E034 (11/05)	Applied For	
MIAMI, 3 Zip 33126	FL Country	MIAMI, FL	Country				627544 ate of Status D	esired	\$8.75 Ac		
	6. Name and Address of Current F					7. Name a	nd Address o	New Reg	istered Agent		
HORN, ANDREW W 1 SE 3RD AVE SUITE 2230 MIAMI, FL 33131					Name Street Address (P.O. Box Number is Not Acceptable) City						
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as			ed office or		ed agent, or	both, in the Sta	te of Florid	TL _		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		ibution.	ncing 🔲		00 May Be ed to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PATTERSON, MARIO E 1 SE 3RD AVE SUITE 2230 MIAMI, FL 33131	Detete			7851	ERSON,	MARIO STREET		ERS AND DIRECTOR Change	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, MARIO E 1 SE 3RD AVE SUITE 2230 MIAMI, FL 33131	☐ Delete			D PATT: 7851	ERSON,	MARIO I STREET		™ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate							☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	et adoress -st-zip					☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report of supplemental report is poration or the receiver or trickee impo- or on an attachment with an address, w	this filing does not qualify for true and accurate and that m wered to execute this report with all other like empowered.	r the exi ny signa as requi	emptions c ture shall h ired by Cha	ontained ave the s apter 607	in Chapter ame legal ef Florida Stat	119, Florida Street as if made utes; and that	my name a /	rther certify that the h; that I am an office appears in Block 10 o	or Block 11 if	