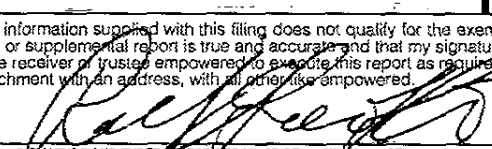


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000083511		
1. Entity Name TIREXCHANGE, INC. - MIAMI		
Principal Place of Business 11350 NW 25TH STREET SUITE 104 MIAMI, FL 33172		Mailing Address 11350 NW 25TH STREET SUITE 104 MIAMI, FL 33172
DO NOT WRITE IN THIS SPACE		
		07062007 No Chg-P CR2E034 (11/05)
4. FEI Number 20-2978811		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GAROFOLLO, RALPH 11350 NW 25TH STREET SUITE 104 MIAMI, FL 33172		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	D GAROFOLLO, RALPH 15485 N. 84TH STREET SCOTTSDALE, AZ 85260	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
		U00000768266 07/12/07-80001-016 150.00
		DO NOT WRITE IN THIS SPACE
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: 		7-8-07 (480) 596-9655 Date Daytime Phone #