2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P05000099246

Entity Name: MIAMI TIRE PLUS TOTAL AUTO CARE INC

Current Principal Place of Business:

17440 NW 2ND AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

17440 NW 2ND AVE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 20-3142519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMORRIS, ANDREW A
17440 NW 2ND AVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

DAVIS, MARCIA A
17440 NW 2ND AVE
MIAMI, FL 33169 US

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.

SIGNATURE: MARCIA DAVIS 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EDWARDVILLE, HASSAN E
Address: 2240 NW 204TH ST
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete
Name: NELSON, ORETT A
Address: 17440 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169 US

Title: DIR ( ) Delete
Name: MCMORRIS, ANDREW A
Address: 17440 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: NELSON, ORETT A
Address: 17440 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: DIR (X) Change ( ) Addition
Name: EDWARDVILLE, HASSAN E
Address: 2240 NW 204TH ST
City-St-Zip: MIAMI, FL 33169 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORETT NELSON DIR 04/30/2007
Electronic Signature of Signing Officer or Director Date