## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000117488

TAMPA, FL 33610

City-St-Zip:

Entity Name: OQUENDO'S MOBILE TIRE SERVICES, INC.

FILED Apr 04, 2006 Secretary of State

| -   |   |                                | •  |   |  |
|---|---|--------------------------------|--|---|--|
| Current Principal Place of Business:        |   |                                | New Principal Place of Business:             |   |  |
| 5821 N 19<br>TAMPA, F                       | TH STREET<br>L 33610                                  |                                |  |   |  |
| Current Mailing Address:                    |   |                                | New Mailing Address:                         |   |  |
| 5821 N 19<br>TAMPA, F                       | TH STREET<br>L 33610                                  |                                |  |   |  |
| FEI Number:                                 | : 32-0156992  | FEI Number Applied For()       | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )         |  |
| Name and                                    | Address of C  | Current Registered Agent:      | Name and Address of                          | Name and Address of New Registered Agent: |  |
| 5821 N 19<br>TAMPA, F<br>The above          |   |                                | ourpose of changing its registere            | d office or registered agent, or both,    |  |
| SIGNATU                                     |   |                                |  |   |  |
|   | Electror  | nic Signature of Registered Ag | ent  | Date                                      |  |
| Election Car                                | npaign Financin                                       | g Trust Fund Contribution ( ). |  |   |  |
| OFFICERS AND DIRECTORS:                     |   |                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DPT (<br>OQUENDO, OS<br>5821 N 19TH S<br>TAMPA, FL 33 | TREET                          | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                     |  |
| Title:<br>Name:<br>Address:                 | DV (<br>OQUENDO, MA<br>5821 N 19TH S                  |                                | Title:<br>Name:<br>Address:                  | () Change () Addition                     |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: OSMANY OQUENDO DPT 04/04/2006