

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133225

FILED
Mar 24, 2008
Secretary of State

Entity Name: SBS TIRE CARE INC.

Current Principal Place of Business:

5237 BUTTE ST
LEHIGH ACRES, FL 33971

New Principal Place of Business:

8380 BERNWOOD COVE LOOP
#601
FORT MYERS, FL 33966

Current Mailing Address:

5237 BUTTE ST
LEHIGH ACRES, FL 33971

New Mailing Address:

8380 BERNWOOD COVE LOOP
#601
FORT MYERS, FL 33966

FEI Number: 20-3552200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

PATRICIA, LEMOS ASSIST.
8380 BERWOOD COVE LOOP
601
FORT MYERS, FL 33966 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: PATRICIA LEMOS

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORGES, BENEDITO M
Address: 5237 BUTTE ST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BORGES, BENEDITO O
Address: 8380 BERNWOOD COVE LOOP #601
City-St-Zip: FORT MYERS, FL 33966

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: BENEDITO BORGES

PD

03/24/2008

Electronic Signature of Signing Officer or Director

Date