

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133225

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: SBS TIRE CARE INC.

## Current Principal Place of Business:

8380 BERNWOOD COVE LOOP  
#601  
FORT MYERS, FL 33966

## New Principal Place of Business:

2454 BRAMAN AVE.  
STE. #18-19  
FORT MYERS, FL 33901

## Current Mailing Address:

8380 BERNWOOD COVE LOOP  
#601  
FORT MYERS, FL 33966

## New Mailing Address:

FEI Number: 20-3552200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PATRICIA, LEMOS VP  
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      02/06/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: LEMOS, PATRICIA B  
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: PATRICIA LEMOS      VP      02/06/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date