

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90033 006 ***150.00

DOCUMENT # P05000149566 1. Entity Name JAYSON TIRES & ACCESSORIES CORPORATION			
Principal Place of Business 13021 NW 1ST STREET #312 BLDG 8 PEMBROKE PINES, FL 33028		Mailing Address 13021 NW 1ST STREET #312 BLDG 8 PEMBROKE PINES, FL 33028	
2. Principal Place of Business 2720 SE 15TH Road		3. Mailing Address 2720 SE 15TH Road	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Homestead, FL.		City & State Homestead FL	
Zip 33035	Country USA	Zip 33035	Country USA
4. FEI Number 20-3765855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIDALGO, JAVIER 13021 NW 1ST STREET #312 BLDG 8 PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Hidalgo JAVIER Street Address (P.O. Box Number is Not Acceptable) 2720 SE 15TH Road City Homestead State FL Zip Code 33035	
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: <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE: 3-14-06 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIDALGO, JAVIER 13021 NW 1ST STREET, #312 BLDG 8 PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HIDALGO, ROLANDO M 13021 NW 1ST STREET, #312 BLDG 8 PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-14-06 Telephone: 786-287-0101	