## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000078855

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: SOFO, EVA

SEC

630 S.W. 95TH TER.

MILLER, MARAH

20448 N.W. 33RD AVE.

MIAMI GARDENS, FL 33056

PEMBROKE PINES, FL 33025

(X) Delete

FILED Apr 03, 2008 Secretary of State

Entity Nar	ne: PETE	& ANDY TIRE SERVIC	E, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
6404 SW 22ND ST. MIRAMAR, FL 33023				20448 NW 33RD AVE. MIAMI GARDENS, FL 33056				
Current Mailing Address:				New Mailing Address:				
	33RD AVE RDENS, FL							
FEI Number:	37-1528177	FEI Number Applied	For() FEIN	lumber Not Appl	icable ( )	Certificate of Status Des	ired (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
2525 N 60 <sup>-</sup>	CLAUDIA \ TH AVENU OOD, FL 33	E SUITE 220						
	named ent of Florida.	ity submits this stateme	ent for the purpose	e of changing i	ts registered	d office or registered ager	ıt, or both,	
SIGNATUR	RE:							
	Elect	ronic Signature of Reg	istered Agent			Date		
Election Can	npaign Finan	cing Trust Fund Contribut	ion ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP MARTINEZ, 630 S.W. 9 PEMBROKI			Title: Name: Address: City-St-Zip:	DP QUINONES, 20448 NW 3 MIAMI GARI			
Title: Name: Address: City-St-Zip:		( ) Delete , ANDY . 33RD AVENUE DENS, FL 33056		Title: Name: Address: City-St-Zip:	MILLER, MA 20448 NW 3			
Title:	TSD	(X) Delete		Title:		( ) Change ( ) Addition		

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ANDY QUINONES DP 04/03/2008

() Change () Addition