

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000099536

1. Entity Name
KING OF BRAKES AND TIRE OF SOUTH FLORIDA, INC.



Principal Place of Business
6455 SW 8 ST
MIAMI, FL 33147

Mailing Address
6455 SW 8 ST
MIAMI, FL 33147

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SOTO, ANTONIO J III, ESQ
ATTORNEY AT LAW
8500 W FLAGLER ST - STE A-105
MIAMI, FL 33144-2054

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

01152007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5267678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
BARRIOS, EDINA
6455 SW 8 ST
MIAMI, FL 33147

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPSD
LORENZO, EURI
6455 SW 8 ST
MIAMI, FL 33147

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90063 006 ***150.00

40109000

