

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-19-2007 90093 014 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000110058			
1. Entity Name SUNRISE BOULEVARD TIRES, INC.			
Principal Place of Business 2716 WEST SUNRISE BLVD SUNRISE, FL 33311		Mailing Address 2716 WEST SUNRISE BLVD SUNRISE, FL 33311	
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 CONSULTING SOLUTIONS, INC. 939 SW 149 TERRACE SUNRISE, FL 33326		7. Name and Address of New Registered Agent Name: <u>DEVON D. HENRY-MANNING</u> Street Address (P.O. Box Number is Not Acceptable): <u>2230 NW 33 AVENUE</u> City: <u>LAUDERDALE LAKES FL</u> Zip Code: <u>33311</u>	
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: <u>[Signature]</u> DATE: <u>03-13-07</u> Signature typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when re-registering)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, GARFIELD 2230 NW 33 AVE LAUDERDALE LAKES, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENRY-MANNING, DEVON D 2230 NW 33 AVE LAUDERDALE LAKES, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>03-13-07</u> PHONE: <u>954-584-6852</u> DATE PHONE	