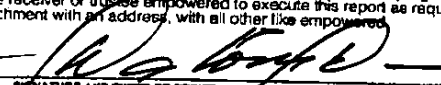


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90191 023 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000123356					
1. Entity Name GIANT TIRE AUTO REPAIR INC.					
Principal Place of Business 20125 NW 67 AVE MIAMI, FL 33015			Mailing Address 20125 NW 67 AVE MIAMI, FL 33015		
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	4. FEI Number 20-5615572	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATOUR, ARMANDO 20125 NW 67 AVE MIAMI, FL 33015			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ 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	☐ Delete	
	PD	LATOUR, ARMANDO	20125 NW 67 AVE MIAMI, FL 33015		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	
	S	EIRAS, MARIA	20125 NW 67 AVE MIAMI, FL 33015		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 1/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40002304



01052007 Chg-P CR2E034 (12/06)