

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131239

FILED
Jul 31, 2007
Secretary of State

Entity Name: RORO NEW AND USED TIRES, CORP.

Current Principal Place of Business:

3690 W BROWARD BLVD
FT LAUDERDALE, FL 33312

New Principal Place of Business:

3690 W BROWARD BLVD
FT LAUDERDALE, FL 33312 US

Current Mailing Address:

3690 W BROWARD BLVD
FT LAUDERDALE, FL 33312

New Mailing Address:

3690 W BROWARD BLVD
FT LAUDERDALE, FL 33312 US

FEI Number: 16-8013581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAREUS, ROCHENEL
4700 NW 4TH ST
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAREUS, ROCHENEL
Address: 4700 NW 4TH ST
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAREUS, ROCHENEL
Address: 4700 NW 4TH ST
City-St-Zip: PLANTATION, FL 33317 US

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.

SIGNATURE: ROCHENEL MAREUS

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07/31/2007

Electronic Signature of Signing Officer or Director

_____ Date