

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 29, 2008 8:00 am
Secretary of State**

07-29-2008 90010 007 ***150.00

DOCUMENT # P06000147621

1. Entity Name
LOS GRANDE LATINO TIRES, INC.



Principal Place of Business
**5525 RICHEY DRIVE
NEW PORT RICHEY, FL 34652 US**

Mailing Address
**5525 RICHEY DRIVE
NEW PORT RICHEY, FL 34652 US**

66016182



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2626013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOCK, MICHAEL
5525 RICHEY DRIVE
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BOCK, MICHAEL**
STREET ADDRESS **5525 RICHEY DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-22-08

727-437-6498