

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-05-2008 90010 008 ****158.75

FILED 007000021973
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -9 PM 12:43

DOCUMENT # P07000021973	
1. Entity Name SUPREME WHEELS & TIRES INC.	

Principal Place of Business 2140 NW 76TH TERR. MARGATE FL 33063	Mailing Address 2140 NW 76TH TERR. MARGATE FL 33063
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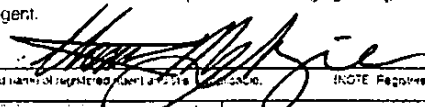


2. Principal Place of Business - No P.O. Box # 2404 Antigua Cir Suite, Apt. #, etc. APT. 02 Coconut City & State Crest FL Zip 33066	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/07)

4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCKENZIE, CHARLES 2140 NW 76TH TERR. MARGATE FL 33063	
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.

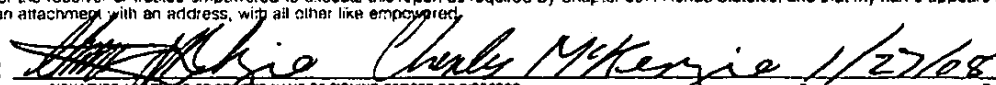
SIGNATURE  DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D ☐ Delete MCKENZIE, CHARLES 2140 NW 76TH TERR. MARGATE FL 33063	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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 Section 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:  1/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, no Phone #