

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

05-15-2008 90025 041 ***150.00

DOCUMENT # P07000064919 1. Entity Name TIRES UNLIMITED INTERNATIONAL CORPORATION																																									
Principal Place of Business 214 E. MAIN STREET PAHOKEE, FL 33476			Mailing Address 214 E. MAIN STREET PAHOKEE, FL 33476																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																							
4. FEI Number 03152008 Chg-P CR2E034 (12/08)				☒ Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PEREZ, EMILIO G 214 E MAIN STREET PAHOKEE, FL 33476																																					
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 _____ (NOTE: Registered Agent signature Required when reappointing) _____ DATE _____																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P/D PEREZ, EMILIO G</td> <td style="width: 40%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>214 E MAIN STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PAHOKEE, FL 33476</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P/D PEREZ, EMILIO G	☐ Delete	NAME	214 E MAIN STREET		STREET ADDRESS	PAHOKEE, FL 33476		CITY-ST-ZIP																										
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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>Emilio Perez</u> <u>4/1/08</u> <u>561-907-7606</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																									