


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90026 015 \*\*\*150.00

DOCUMENT # P07000081759		
1. Entity Name MULTI-TIRE MERINO, CORP		

Principal Place of Business 10171 SOUTHWEST 154 COURT APT 102 MIAMI, FL 33196 US	Mailing Address 10171 SOUTHWEST 154 COURT APT 102 MIAMI, FL 33196 US
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2. Principal Place of Business - No P.O. Box # <i>15046 SW 56th Street</i>	3. Mailing Address <i>15046 SW 56th Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami FL</i>	City & State <i>Miami FL</i>
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Zip <i>33185</i>	Country <i>Dade</i>	Zip <i>33185</i>	Country <i>Dade</i>
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03102008 Chg-P CR2E034 (12/06)

4. FEI Number <i>26-0574053</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  THE LAW OFFICES OF JOHN E. EGUSQUIZA, P.A. 9960 SOUTHWEST 40TH STREET MIAMI, FL FL	
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S MERINO, MOISES 10171 SOUTHWEST 154 CR MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.S merino moises 15046 SW 56th Street Miami FL 33185</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X [Signature]* *03/12/08* *(305) 387-4702*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #