

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000080216

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** BOSS TIRE CENTER & SERVICE INC

**Current Principal Place of Business:**

2794 N ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

2794B N ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2794 N ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 45-3231016      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALAVE, GUILLERMINA  
495 FLORAL DRIVE  
KISSIMMEE, FL 34743 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALAVE, GULLERMINA  
Address: 495 FLORAL DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP  
Name: ZAYAS, BENJAMIN  
Address: 164 CORALWOOD CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

I hereby 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 all other like empowered.

SIGNATURE: GUILLERMINA MALAVE

P

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date