

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90011 027 ***150.00

DOCUMENT # P92000008477



1. Entity Name
M & L TIRE SERVICE, INC.

Principal Place of Business
**13199 NW 107 AVE
 BAY 10
 HIALEAH FL 33016
 US**

Mailing Address
**933 HARDEE ROAD
 CORAL GABLES FL 33146
 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business 13199 NW 107th Ave Suite, Apt. #, etc. Bay # 10 City & State Hialeah, Florida Zip 33018	Country Miami US	3. Mailing Address 13199 NW 107th Ave Suite, Apt. #, etc. Bay # 10 City & State Hialeah, FL 33018 Zip 33018	Country US
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4. FEI Number 65-0393899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ECHAVARRIA, MAURICIO
 16041 E THOOM CIRCLE
 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent
 Name
ECHAVARRIA MAURICIO
 Street Address (P.O. Box Number is Not Acceptable)
13199 NW 107th Ave
BAY # 10
 City
Hialeah Gardens FL Zip Code
33018

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 **02-04-04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004: 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUITIAN, NUBIA 933 HARDEE RD MIAMI FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHAVARRIA, MAURICIO 16041 E THOOM CIRCLE MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHAVARRIA MAURICIO 13199 NW 107th Ave Bay 10 Hialeah, FL 33018 (305)821-0666 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  MAURICIO ECHAVARRIA 02/04/04 (305)821-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #