## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P93000000664** 04-24-2006 90446 012 \*\*\*150.00 1. Entity Name MARACAY TIRE, INC. **LUULTIUU**U Principal Place of Business Mailing Address **2216 NW 28 STREET** 2216 NW 28 STREET MIAMI, FL 33142 MIAMI, FL 33142 3. Mailing Address 2. Principal Place of Business Suite, Apt. #; etc. Suite, Apt. #, etc. 03242006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 65-0380436 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAIMES, AMPARO Street Address (P.O. Box Number is Not Acceptable) 2216 NW 28 STREET MIAMI, FL 33127 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΩ TITLE ☐ Delete TITLE ☐ Change ☐ Addition JAIMES, AMPARO NAME NAME 10416 NW 32 PLACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33147 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE MARTINEZ, JOSE NAME NAME 10416 NW 32 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33147 CITY-ST-ZIP Oelete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Đelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frustee 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 attrictment with an address, with all other like expowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Date

Daytime Phone #