2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE:

Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P94000062798 1. Entity Name WORLD OF TIRES & WHEELS, INC. Mailing Address Principal Place of Business 16055 NW 57TH AVENUE 16055 NW 57TH AVENUE HIALEAH FL 33014-6705 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0514174 Not Applicable Country Zip 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 RIVERO, TANIA Street Address (P.O. Box Number is Not Acceptable) 16055 NW 57 AVE. HIALEAH FL 33014 City 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 JIAG Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD IIILE ☐ Change Addition THE ☐ Delete RIVERO, MARCOS O NAMI NAME U000000253138 C/O 16055 NW 57TH AVENUE STREET ADDRESS STREET ADDRESS 03/07/05-80020-022 150.00 HIALEAH FL 33014 CHY ST-7/P CITY ST 7IP ☐ Change HILLE Delete Addition: NAME NAME STREET ADDRESS STREET ADDRESS City-St-78 CITY ST ZIP Change ☐ Addition Detete TITLE Hilt NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Addition THE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY ST-ZIP ☐ Change Addition THE ☐ Delete TEEL E NAME NAMI STREET ADDRESS STRUCT ADDRESS CITY-ST ZIP CITY ST-ZIP Addition Delete TITLE ☐ Change THE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY ST ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receive or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

3/1/05 (305) 626-2977