


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000000150
 1. Entity Name
NOB HILL TIRE & AUTO, INC.



Principal Place of Business Mailing Address
4503 NW 103 AVE. #5 **4503 NW 103 AVE. #5**
SUNRISE, FL 33351 **SUNRISE, FL 33351**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0545598 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOUGHTON, JAMES P
4503 NW 103 AVE. #5
SUNRISE, FL 33351

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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: _____

FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2007 Fee will be \$350.00 Total Fund Contribution **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HOUGHTON, JAMES P
STREET ADDRESS	4503 NW 103 AVE. #5
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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 05/15/07-80045-014 150.00

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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: *James P. Houghton* **4-23-07** **954-741-8333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #