

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000042512			
1. Entity Name DISCOUNT TIRE AND AUTO SERVICE, INC.			
Principal Place of Business 13710 SW 8ST MIAMI, FL 33184	Mailing Address 13710 SW 8ST MIAMI, FL 33184		
DO NOT WRITE IN THIS SPACE		04042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0589668 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUETO, JORGE L ESQ 1990 S.W. 27 AVE MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000892368 04/23/08-80063-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUETO, JOSE M 13710 SW 8ST MIAMI, FL 33184		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUENTE, JUAN C 13710 SW 8ST MIAMI, FL 33184		
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DO NOT WRITE IN THIS SPACE			
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: 		Juan C. Puentes 4/2/08 305-226-5669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	