

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90218 020 \*\*\*150.00

**DOCUMENT # P95000045174**

1. Entity Name

**EXCLUSIVE TIRES SALES AND SERVICE, INC.**



Principal Place of Business

Mailing Address

~~2678 WEST 84 ST~~  
~~HIALLAH FL 33331~~  
~~US~~

~~2678 WEST 84 ST~~  
~~HIALLAH FL 33331~~  
~~US~~



2. Principal Place of Business

3. Mailing Address

*8001 West 26 Ave*

Suite, Apt. #, etc.  
*Suite 10*

City & State  
*Hiallah*

Zip  
*33016*

Country  
*FL*

Suite, Apt. #, etc.

City & State  
*Same*

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**65-0587796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINGUEZ, LILIAN C  
4381 MAGNOLIA RIDGE DR  
WESTON FL 33331

*See address  
(Bottom)  
change it here*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transacting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**DOMINGUEZ, LILIAN C**  
**14992 SW 35 ST**  
**DAVIE FL 33331**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lilian C Dominguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #