


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90017 006 ***150.00

DOCUMENT # P95000074785	
1. Entity Name ALL INDUSTRIAL TIRE, INC.	

Principal Place of Business 2320 E. 11TH AVE. HIALEAH, FL 33013 US	Mailing Address 4507 TYLER ST. HOLLYWOOD HILLS, FL 33021 US
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01082004 No.Chg-P. CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0611408	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 VAZQUEZ, ALDO L JR. 4507 TYLER ST. HOLLYWOOD HILLS, FL 33021

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAZQUEZ, JR., ALDO L 4507 TYLER ST. HOLLYWOOD HILLS, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARRICK, EARL T 321 ATLANDO AVE 7801 Red River Road CHARLOTTE, NC 28206 West Palm Beach FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04 954-983-6500
Date Daytime Phone #