2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attack

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # P95000095760 03-06-2006 90031 024 ***150.00 OAKLAND PARK TIRE & AUTO SERVICE, INC. Principal Place of Business Mailing Address 2873 NW 21ST AVE OAKLAND PARK FL 33311 2873 NW 21ST AVE OAKLAND PARK FL 33311 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 65-0629610 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDD, DANIEL S 1334 SW 14TH STREET **BOCA RATON FL 33486** 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 reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition RUDD, DANIEL NAME STREET ADDRESS 2873 NW 21ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P OAKLAND PARK FL 33311 ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME PERELSTINE, STEVE HAME STREET ADDRESS STREET ADDRESS 2873 NW 21ST AVE CITY-ST-ZIP OAKLAND PARK FL 33311 CITY-ST-ZIP TITLE ☐ <u>Delute</u> HILL Change ☐ Addition NAME PERELSTINE, STEE STREET ADDRESS STREET ADDRESS 2873 NW 21ST AVE CITY-ST-ZIP CHY-ST-ZIP OAKLAND PARK FL 33311 TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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

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