2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 if changed, or on an attachment with an address, with all other like empowered to

## **FILED** Feb 25, 2008 08:00 AN DOCUMENT # P95000095760 **Secretary of State** 1. Entity Name OAKLAND PARK TIRE & AUTO SERVICE, INC. Principal Place of Business Mailing Address 2873 NW 21ST AVE 2873 NW 21ST AVE OAKLAND PARK FL 33311 OAKLAND PARK FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #Letc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-0629610 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUDD, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 9160 S SW 22ND STREET **BOCA RATON FL 33428** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or pern, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent eignaturg required when reinstating) Signature, typed or printed harve of registered agent and this it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. · Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change Addition TITLE TITLE ☐ Defete RUDD, DANIEL NAME NAME U000000837753 STREET ADDRESS STREET ADDRESS 2873 NW 21ST AVE 03/05/08-80003-016 150.00 CITY-ST-ZIP OAKLAND PARK FL 33311 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME PERELSTINE, STEVE 2873 NW 21ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33311 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME PERELSTINE, STEE STREET ADDRESS 2873 NW 21ST AVE STREET ADDRESS CITY-ST-ZIF OAKLAND PARK FL 33311 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete MUE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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

Florida Statutes; and that my name appears in Block 10 or Block 11

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