2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2006 08:00 AM Secretary of State

DOCUMENT # P96000036041 1. Entity Name WEST COAST TIRE CONNECTION, INC.					Secre	ctary or	State	
Principal Place 3639 S. MAN TAMPA, FL 3	HATTAN .	Mailing Address 3639 S. MANHATTAN TAMPA, FL 33629	(1월 등 1일 -					
 , -								
				}			-21 (41)221 (1)221	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb 59-339		CR2E034 (11/	Applied For	
					of Status Desired		Not Applicable Additional	
8. Name and Address of Current Registered Agent				************	 	Fee Re	quired	
ALVAREZ, JULIO F 3639 S. MANHATTAN TAMPA, FL 33629			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								
Signature, typed or printed name of registered agent and title if epoliciable (NOTE Registered Agent algorithms produced when refinations) DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be ded to Fees				
10.	OFFICERS AND DI	RECTORS		of the land of the state	iter . I Table	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, JULIO 3639 S. MANHATTAN TAMPA, FL 33629			· .		HEMB (H		
TITLE NAME			1			-80006-024	150.00	
STREET ADDRESS CITY-ST-ZIP		-			^			
NAME C		·			·			
STREET ADDRESS CITY-ST-ZIP	· ·			DO NOT WRITE				
TITLE NAME STREET ADDRESS		, , , , , , , , , , , , , , , , , , , 		IN	THIS SF	PACE		
CITY-ST-ZIP		-	1					
NAME STREET ADDRESS CITY-ST-ZIP				* - * - *				
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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.								

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/9/06

832 - 6248 Daytime Prone #