

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-09-2004 90009 046 ***150.00

DOCUMENT # P96000058127

1. Entity Name
TIRE DISTRIBUTOR, INC., USA



Principal Place of Business: **11801 NW 101 RD #5 MIAMI FL 33178 US**
 Mailing Address: **11801 NW 101 RD #5 MIAMI FL 33178 US**

BY: 2407915



MOORE CR2E034 (4/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0680700**
 Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**KUKER, HOWARD L
 508 DADELAND TOWERS N
 9200 S DADELAND BLVD
 MIAMI FL 33156**

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

**FILE NOW!!! FEE IS \$550.00
 DUE BY September 8, 2004
 Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 Delete
 STREET ADDRESS CITY-ST-ZIP
**PTD MCDONOUGH, CHRISTOPHER
 2200 NW 92 AVE.
 MIAMI FL**

TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP
**11801 NW 101 RD SUITE 5
 MEDLEY, FL 33178**

TITLE NAME Delete
 STREET ADDRESS CITY-ST-ZIP
**S LUGIOYO, RAFAEL L
 2200 NW 92ND AVE
 MIAMI FL 33172**

TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP
**11801 NW 101 ROAD SUITE 5
 MEDLEY, FL 33178**

TITLE NAME Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/2/04** Daytime Phone #: **305-887-8876**