


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0680700	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KUKER, HOWARD L  
 508 DADELAND TOWERS N  
 9200 S DADELAND BLVD  
 MIAMI, FL 33156

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCDONOUGH, CHRISTOPHER 11801 NW 101 RD SUITE 5 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUGIOYO, RAFAEL L 11801 NW 101 ROAD SUITE 5 MIAMI, FL 33178
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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:  **1/21/2005 305-887-8876**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #