

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 007 ***150.00

DOCUMENT # P96000062160

1. Entity Name
STAR TIRE SERVICE, INC.



Principal Place of Business
**11115 W OKEECHOBEE RD
BAY #9
HIALEAH GAREDNS, FL 33018**

Mailing Address
**11115 W OKEECHOBEE RD
BAY #9
HIALEAH GAREDNS, FL 33018**

54054844



2. Principal Place of Business
9710 NW 115 WAY

3. Mailing Address
9710 NW 115 WAY

Suite, Apt. #, etc.
BAY 4

Suite, Apt. #, etc.
BAY 4

City & State
MEDLEY, FL.

City & State
MEDLEY, FL

Zip
33178

Country
DADE

Zip
33178

Country
DADE

03022003 Chg-P CR2E034 (10/03)

4. FEI Number
65-0685975

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANTA MARIA, LUIS
11115 W OKEECHOBEE RD STE 9
HIALEAH, FL 33018**

7. Name and Address of New Registered Agent

Name **LUIS SANTA MARIA**

Street Address (P.O. Box Number is Not Acceptable)

9710 NW, 115 WAY BAY 4

City **MEDLEY**

FL

Zip Code **33178**

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]
Signature of registered agent and title if applicable.

LUIS SANTAMARIA

(NOTE: Registered Agent signature required when reinstating)

05/10/04
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARIA, LUIS SANTA**
STREET ADDRESS **9325 W OKEECHOBEE RD BAY #2**
CITY-ST-ZIP **HIALEAH GAREDNS, FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/04
Date

(305) 888 4322
Daytime Phone #