

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90249 025 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000018639 1. Entity Name WEST KENDALL TIRE & SERVICE CENTER, INC.		
Principal Place of Business 12520 SW 8 ST MIAMI, FL 33184 US	Mailing Address 12520 SW 8 ST MIAMI, FL 33184 US	
DO NOT WRITE IN THIS SPACE		
4. File Number 65-0736355		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, HUMBERTO 12520 SW 8ST MIAMI, FL 33184		
DO NOT WRITE IN THIS SPACE		
8. The above named entity attests 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: _____		
9. Section Corporation Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00		
10. OFFICERS AND DIRECTORS		
10.1 NAME STREET ADDRESS CITY, ST, ZIP	FERNANDEZ, HUMBERTO 12520 SW 8 STREET MIAMI, FL 33184	
10.2 NAME STREET ADDRESS CITY, ST, ZIP	VP FERNANDEZ, ROBERTO 12520 SW 8 STREET MIAMI, FL 33184	
10.3 NAME STREET ADDRESS CITY, ST, ZIP	DO NOT WRITE IN THIS SPACE	
10.4 NAME STREET ADDRESS CITY, ST, ZIP		
10.5 NAME STREET ADDRESS CITY, ST, ZIP		
10.6 NAME STREET ADDRESS CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 193, Florida Statutes. I further certify that the information included 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 registered trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with it, as above, with or without the employment.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR		

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