2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000024189

1. Entity Name
KING OF BRAKE AND TIRE, CORP.

Principal Place of Business	Mailing Address
6455-57 SW 8 ST. MIAMI, FL 33147	6455-57 SW 8 ST. MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

07012004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0733194	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PEDRO
361 NW 122 AVE
MIAMI, FL 33182

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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 applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, PEDRO
STREET ADDRESS	6455-17 S.W. 8 ST.
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Pedro Rodriguez_ - PEDRO RODRIGUEZ   7/01/04   (305) 261-0693 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CELL-(305) 546-7348