2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000106283

1. Entity Name
GOLD TIRES U.S.A., INC.

Principal Place of Business	Mailing Address
133 GARDEN AVE N CLEARWATER, FL 33755	611 DRUID RD, SUITE 403 CLEARWATER, FL 33756

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc		Suite Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3503935 ☐ Applied For ☐ Not Applicable

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**
GOLDONI, FRANCESCO 1885 FETHER TREE CRL CLEARWATER, FL 33765	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 ______________________
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
After May 1, 2004 Fee will be $550.00

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOLDONI, FRANCESCO 1885 FEATHER TREE CRL CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000151576 05/04/04-80051-020 150.00	☐ Change ☐ Addition
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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: Goldoni Fran 4/30/04 727-465-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR