

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000010383

1. Entity Name
WHEEL OUTLET II CORP.



FILED

04 FEB 27 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14227 S.DIXIE HWY.
MIAMI, FL 33176

Mailing Address

14227 S.DIXIE HWY.
MIAMI, FL 33176

2. Principal Place of Business

WHEEL OUTLET II CORP.

3. Mailing Address

14227 S.DIXIE HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33176

Country

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0809375

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IBARRA, DOLORES
14227 S.DIXIE HWY.
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name ROBERT MARTELL

Street Address (P.O. Box Number is Not Acceptable)
14227 S.DIXIE HWY.

City MIAMI

FL

Zip Code 33176

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-04

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

TITLE PD
NAME TABOADA, LUIS
STREET ADDRESS 14227 S.DIXIE HWY
CITY-ST-ZIP MIAMI, FL 33176 ☒ Delete

TITLE VD
NAME IBARRA, DOLORES
STREET ADDRESS 14227 S.DIXIE HWY
CITY-ST-ZIP MIAMI, FL 33176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 14227 S.DIXIE HWY - ☒ Change ☐ Addition
STREET ADDRESS MIAMI FL 33176
CITY-ST-ZIP - ROBERT MARTELL - ☒

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200028921882
02/27/04--01018--022 **123.75

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200028921882
02/19/04--01023--004 **35.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
[Signature]

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

2-26-04

Date

305-234-5899

Daytime Phone #