

## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000018097

Entity Name: A K TIRES USA, INC.

FILED  
Sep 06, 2005  
Secretary of State

### Current Principal Place of Business:

5019 WEST NASSAU STREET  
TAMPA, FL 33607

### New Principal Place of Business:

7955 66TH ST. N.  
SUITE C  
PINELLAS PARK, FL 33781

### Current Mailing Address:

5019 WEST NASSAU STREET  
TAMPA, FL 33607

### New Mailing Address:

7955 66TH ST. N.  
SUITE C  
PINELLAS PARK, FL 33781

FEI Number: 59-3586538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### Name and Address of Current Registered Agent:

KRATZIK, HOLGER K  
5019 W. NASSAU  
TAMPA, FL 33607 US

### Name and Address of New Registered Agent:

JEFFRIES, DAVID M  
101 E. KENNEDY BLVD.  
SUITE 3000  
TAMPA, FL 33602 US

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.

SIGNATURE: DAVID M. JEFFRIES

09/06/2005

Electronic Signature of Registered Agent

Date

### OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KRATZIK, HOLGER  
Address: 5019 WEST NASSAU STREET  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: CORZO, HECTOR R M.D.  
Address: 7955 66TH ST. N., SUITE C  
City-St-Zip: PINELLAS PARK, FL 33781

Title: DVPS ( ) Change (X) Addition  
Name: FILIPPELLO, MICHAEL  
Address: 7955 66TH ST. N., SUITE C  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR R. CORZO, M.D.

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09/06/2005

Electronic Signature of Signing Officer or Director

Date