2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000093900

1. Entity Name
DANIEL TIRE SERVICES, INC.

Principal Place of Business	Mailing Address
4135 EAST 8TH AVENUE HIALEAH, FL 33013	4135 EAST 8TH AVENUE HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

01222004　　No Chg-P　　CR2E034 (10/03)

4. FEI Number	Applied For
65-0958294	Not Applicable

5. Certificate of Status Desired ☐　**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VIGIL, ODLANIEL
151 S.W. 52ND PL #1
MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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)

01/28/04
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

TITLE	PSD
NAME	VIGIL, ODLANIEL
STREET ADDRESS	151 S.W. 52ND PL #1
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

01/28/04

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