2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P99000094615 04-05-2006 90139 004 ***150.00 GEMA TIRE SUPPLY, CORP. Principal Place of Business Mailing Address **3655 NW 11 STREET** 3655 NW 11 STREET MIAMI, FL 33125 MIAMI, FL 33125 03312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0958765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, HERIBERTO R DO NOT WRITE 3655 NW 11 ST. MIAMI, FL 33125 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 age SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVSD** TITLE MARTINEZ, HERIBERTO R NAME 3655 NW 11 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 although like empowered.

SIGNATURE: 2

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #