## 2004 FOR PROFIT CORPORATION

## May 04, 2004 8:00 am Secretary of State ANNUAL-REPORT-DOCUMENT # P99000105905 05-04-2004 90209 038 \*\*\*150 00 1. Entity Name PALM AVENUE TIRE, INC. Principal Place of Business Mailing Address 44044113 8150 SW 8TH STREET 8150 SW 8TH STREET 203 203 MIAMI, FL 33144-4265 MIAMI, FL 33144-4265 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2129093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, GERAL DO NOT WRITE 18520 NW 29 COURT CAROL CITY, FL 33056-3121 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS STD TITLE " NAME PEREZ, GERAL STREET ADDRESS 3230 PALM AVENUE HIALEAH, FL 33012 CITY-ST-ZIP TITLE 2. NAME . STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITL F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

> Ceralderes 04/20/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**