

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105905

Entity Name: PALM AVENUE TIRE, INC.

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

8150 SW 8TH STREET  
203  
MIAMI, FL 331444265

**New Principal Place of Business:**

3230 PALM AVENUE  
HIALEAH, FL 33012 US

**Current Mailing Address:**

8150 SW 8TH STREET  
203  
MIAMI, FL 331444265

**New Mailing Address:**

8150 SW 8TH STREET  
203  
MIAMI, FL 331444273 US

FEI Number: 59-2129093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, GERAL  
18520 NW 29 COURT  
CAROL CITY, FL 330563121 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: PEREZ, GERAL  
Address: 3230 PALM AVENUE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: PEREZ, GERAL  
Address: 18520 NW 29TH COURT  
City-St-Zip: CAROL CITY, FL 330563121 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GERAL PEREZ

PSTD

04/27/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date