2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25726

FILED Mar 27, 2009 Secretary of State

Entity Name: PAUL LEWIS TIRE WHOLESALE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
8000 SAN APT 8A	JOSE BLVD.			
	NVILLE, FL 322	217		
Current N	lailing Addres	ss:	New Mailing Addres	ss:
P.O. BOX DRANGE	1854 PARK, FL 320	0671854		
El Number	r: 59-3115152	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	AULETTE JOSE BLVD.			
PT 8A	VILLE, FL 322	217 US		
APT 8A IACKSON The above	NVILLE, FL 322		purpose of changing its registere	ed office or registered agent, or both,
APT 8A IACKSON The above	NVILLE, FL 322 e named entity : e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
APT 8A ACKSON The above In the Stat	NVILLE, FL 322 e named entity : e of Florida. RE:			ed office or registered agent, or both, Date
PT 8A ACKSON The above In the Stat	NVILLE, FL 322 e named entity : e of Florida. RE: Electror	submits this statement for the		
APT 8A IACKSON The above In the Stat BIGNATU	NVILLE, FL 322 e named entity : e of Florida. RE: Electror	submits this statement for the nic Signature of Registered Ag	ent	
NPT 8A ACKSON The above The Stat SIGNATU Clection Ca	e named entity of e of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete TITE A E BLVD 8A	ent	Date
PT 8A ACKSON The above The Stat SIGNATU SICTION Ca DFFICER title: ame: ddress:	e named entity : e of Florida. RE: Electror mpaign Financing S AND DIREC D () LEWIS, PAULE 6000 SAN JOS JACKSONVILL	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete CITE A E BLVD 8A E, FL 32216 Delete I Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: PAULETTE LEWIS DIR 03/27/2009