


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90036 014 ***150.00

DOCUMENT # V68065	
1. Entity Name HUB WHEEL & TIRE, INC.	

Principal Place of Business 3451 S. ST RD. 7 HOLLYWOOD FL 33023	Mailing Address 64 WEST LAKE DRIVE HALLANDALE FL 33009 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 244 S.E 2 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Hallandale FL	4. FEI Number 65-0359391	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33009	Country BROWARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUCHNICK, SANFORD L. 4000 HOLLYWOOD BLVD. SUITE 610N HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD SHALE, JOHN W. 64 WEST LAKE DRIVE HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD SHALE, JOHN W. 244 S.E. 2 AVE. HALLANDALE FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: *John W. Shale* **JOHN W. SHALE** 1-21-07 954 964 0736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #