


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-12-2004 90648 031 ***150.00

DOCUMENT # V74012

1. Entity Name
L C TIRE CORPORATION



Principal Place of Business Mailing Address

6695 W FLAGLER ST 6695 W FLAGLER ST
 MIAMI FL 33144 MIAMI FL 33144

2. Principal Place of Business 3. Mailing Address

6695 W. FLAGLER STREET *6695 W. FLAGLER STREET*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI, FLORIDA *MIAMI, FLORIDA*


Zip Country Zip Country

33144 *USA* *33144* *USA*

6. Name and Address of Current Registered Agent

COBO, LEONEL
6695 W FLAGLER ST
MIAMI FL 33144

00417036



MOORE CR2E034 (11/03)

4. FEI Number Applied For

65-0368549 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 *X Leonel Cobo* DATE *4/19/04*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P	<input type="checkbox"/> Delete
NAME	COBO, CISELDA	
STREET ADDRESS	6695 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COBO, LEONEL	
STREET ADDRESS	6695 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Leonel Cobo* Date *4/26/04* Daytime Phone # *305-261-4909*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR