2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 08:00 AM Secretary of State **DOCUMENT # V74012** L C TIRE CORPORATION Principal Place of Business Mailing Address 6695 W FLAGLER ST 6695 W FLAGLER ST MIAMI, FL 33144 MIAMI, FL 33144 No Chg-P CR2E034 (10/03) 01192005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0368549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COBO, LEONEL DO NOT WRITE 6695 W FLAGLER ST MIAMI, FL 33144 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 DÄTE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinställing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COBO, CISELDA NAME STREET ADDRESS 6695 W FLAGLER ST MIAMI, FL 33144 CITY-ST-ZIP HODOODISIASI VP TITLE 01/24/05-80189-014 150.00 COBO, LEONEL NAME STREET ADDRESS 6695 W FLAGLER ST MIAMI, FL 33144 CMY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

315-261-4909