


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 04, 2007 8:00 am
Secretary of State

07-27-2007 90006 039 ***150.00
09-04-2007 90044 001 ***400.00

| | |
|---|---|
| DOCUMENT # V74012 1. Entity Name L C TIRE CORPORATION |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 6695 W FLAGLER ST MIAMI, FL 33144 | Mailing Address 6695 W FLAGLER ST MIAMI, FL 33144 |
|---|---|

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40131000



07172007 No Chg-P CR2E034 (11/05)

| | |
|---|---|
| 4. FEI Number 65-0368549 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**COBO, LEONEL
6695 W FLAGLER ST
MIAMI, FL 33144**

**DO NOT WRITE
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.

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

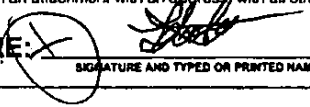
**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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 | P COBO, CISELDA 6695 W FLAGLER ST MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP COBO, LEONEL 6695 W FLAGLER ST MIAMI, FL 33144 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/15/07** Daytime Phone #: **305-261-4909**