## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT #V74012

1. Entity Name

L C TIRE CORPORATION



FILED Jan 31, 2008 08:00 A Secretary of State

Principal Place of Business

6695 W FLAGLER ST MIAMI, FL 33144 Mailing Address

6695 W FLAGLER ST Miami, Fl. 33144



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

| 4. FEI Number<br>65-0368549      | -      | Applied For<br>Not Applicable |
|----------------------------------|--------|-------------------------------|
| 00-0000-9                        |        | 140t Applicable               |
| 5. Certificate of Status Desired | \$8.75 | Additional                    |

6. Name and Address of Current Registered Agent

COBO, LEONEL 6695 W FLAGLER ST MIAMI, FL 33144

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | e named entity submits this statement for the particular to the particular to the particular that the part | purpose of changing its registere                    | ed office or r    | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept $_4$ |
|--|--|--|-------------------|--------------------------------|---|
| SIGNATURE.   | Signature, typed or printed name of registered agent and title   | if applicable. (NOTE: Registered                     | d Agent signature | e required when reinstating)   | DATE  |
| FIL<br>After M   | E NOWIII FEE (\$ \$150.00 ay 1, 2008 Fee will be \$550.60  | Election Campaign Finan     Trust Fund Contribution. | icing             | \$5.00 May Be<br>Added to Fees |   |
| 10.  | OFFICERS AND DIRE  | CTORS  | 1                 | ·                              | · · · · · · · · · · · · · · · · · · ·                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>COBO, CISELDA<br>6695 W FLAGLER ST<br>MIAMI, FL 33144   |  |                   |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VP<br>COBO, LEONEL<br>6695 W FLAGLER ST<br>MIAMI, FL 33144   |  |                   |                                | U00000808385<br>02/07/08-80045-015 150.00                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ·                 | DO                             | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                   | IN                             | THIS SPACE  |
| 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 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. |  |  |                   |                                |   |

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR