
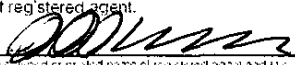



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90270 039 \*\*\*\*50.00

DOCUMENT # L01000012292			
1. Entity Name TIRE MASTERS INTERNATIONAL, L.L.C.			
Principal Place of Business 7249 NORTH WEST 33RD STREET MIAMI, FL 33122		Mailing Address 7249 NORTH WEST 33RD STREET MIAMI, FL 33122	
2. Principal Place of Business 7262 NW 33 STREET		3. Mailing Address 7262 NW 33 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
4. FEI Number 65-1125344		App'ed For Not App'ed For	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03162004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent RAMIREZ, LUIS J 7249 NORTH WEST 33RD STREET MIAMI, FL 33122		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number's 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 3/16/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR AGUDELO, CARLOS M 7249 NORTH WEST 33RD STREET MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Operation Manager LUIS RAMIREZ 7262 NW 33 STREET Miami, FL 33122 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 3/16/04 705-499-9777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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