

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L71866

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** MOTORCYCLE DOCTOR, INC.

**Current Principal Place of Business:**

127 N.E. 32ND STREET  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MAS  
3000 N. UNIVERSITY DRIVE SUITE E  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-0184679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, JOSEPH E  
C/O MAS  
3000 N UNIVERSITY DRIVE STE E  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: D'ANGELO, ROBERT  
Address: 127 N.E. 32ND STREET  
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D'ANGELO

P

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date