

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112398

Entity Name: PIRATA MOTOR, CORP.

FILED  
Mar 19, 2007  
Secretary of State

**Current Principal Place of Business:**

3180 SW 8TH ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

3180 SW 8TH ST  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 56-2406097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPA, YORMA  
3180 SW 8TH ST  
MIAMI, FL 33135 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPA, YORMA  
Address: 3180 SW 8TH ST  
City-St-Zip: MIAMI, FL 33135

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: CAMPA, YORMA  
Address: 3180 SW 8TH ST  
City-St-Zip: MIAMI, FL 33135

Title: VP/D ( ) Change (X) Addition  
Name: MARCEL, ALEXIS  
Address: 3180 SW 8TH ST  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YORMA CAMPA

P/D

03/19/2007

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

\_\_\_\_\_ Date