

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**

08-22-2007 90022 004 \*\*\*150.00

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<b>DOCUMENT # P04000133496</b> 1. Entity Name <b>MOTO FIRST CORP.</b>					
Principal Place of Business <b>1755 NW 20 ST MIAMI, FL 33142</b>			Mailing Address <b>1755 NW 20 ST MIAMI, FL 33142</b>		
2. Principal Place of Business - No P.O. Box # <b>1801 N.W. 20th ST</b>		3. Mailing Address Suite, Apt. #, etc. <b>SAME</b>			
City & State <b>MIAMI - FL</b>		City & State <b>SAME</b>		4. FEI Number <b>20-1660641</b>	
Zip <b>33142</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SERFATY, CHARLES S 4340 SHERIDAN ST SECOND FLOOR HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name <b>JAMES MOTOLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 N.W. 20th ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33142</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MOTOLA, JAMES 1755 NW 20 ST MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 N.W. 20th ST MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MOTOLA, FABIOLA 1755 NW 20 ST MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 N.W. 20th ST MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAFIR, TOMMY 1755 NW 20 ST MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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 information empowered.					
SIGNATURE:				Date <b>8/16/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	