2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P05000109247

Entity Name: MOTOREX PLUS INC

Current Principal Place of Business:

147 NE 21 ST.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

147 NE 21 ST.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-3272734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELABERT, ORESTE
147 NE 21 ST.
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

GELABERT, ORESTE
147 NE 21 ST.ST
MIAMI, FL 33137 US

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: 02/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORESTE, GELABERT
Address: 210-71ST ST., SUITE 311
City-St-Zip: MIAMI BCH, FL 33141

Title: VTD ( ) Delete
Name: CANALE, LETICIA N
Address: 210-71ST ST., SUITE 311
City-St-Zip: MIAMI BCH, FL 33141

Title: S ( ) Delete
Name: GELABERT, NICOLAS
Address: 210-71ST ST., SUITE 311
City-St-Zip: MIAMI BCH, FL 33141

Title: D (X) Delete
Name: ALVAREZ, DANIEL O
Address: 16191 SW 15TH PL
City-St-Zip: DAVIE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ORESTE, GELABERT
Address: 147 NE 21 ST ST
City-St-Zip: MIAMI, FL 33137

Title: VTD (X) Change ( ) Addition
Name: CANALE, LETICIA N
Address: 147 NE 21 ST ST
City-St-Zip: MIAMI, FL 33137

Title: S (X) Change ( ) Addition
Name: GELABERT, NICOLAS
Address: 147 NE 21 ST ST
City-St-Zip: MIAMI, FL 33137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LETICIA CANALE VP 02/23/2009
Electronic Signature of Signing Officer or Director Date