

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 10 AM 8:40

DOCUMENT # P08000004649
1. Entity Name Palmetto Super Bike, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10185 Collins Ave. Suite, Apt. #, etc. Apt. 222	3. Mailing Address 7007 Narrows Avenue Suite, Apt. #, etc.
City & State Bal Harbour, FL	City & State Brooklyn, NY
Zip 33154	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-4307805	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Ahmar, Jorge	
	Street Address (P.O. Box Number is Not Acceptable) 10185 Collins Avenue	
	Apt. 222	
	City Bal Harbour	FL Zip Code 33154

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.

200145346532
03/10/09--01005--031 **61.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Ahmar, Jorge 10185 Collins Avenue, Apt. 222 Bal Harbour, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Ahmar, Teofilo 10185 Collins Avenue, Apt. 222 Bal Harbour, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Ahmar, Michel 10185 Collins Avenue, Apt. 222 Bal Harbour, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Ahmar

Date

2/24/09

917-701-2318

Daytime Phone #