
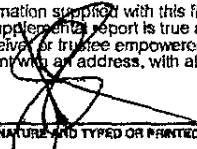


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 315667</b> 1. Entity Name U.S. AIRMOTIVE HOLDINGS, INC.		
Principal Place of Business 5439 N.W. 36TH STREET MIAMI SPRINGS, FL 33166	Mailing Address 5439 N.W. 36TH STREET MIAMI SPRINGS, FL 33166	
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  KRUSZEWSKI, ANTHONY E. 5439 NW 36 STREET MIAMI, FL 33166		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV KRUSZEWSKI, ANTHONY E 5439 N.W. 36 ST. MIAMI SPGS., FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV KRUSZEWSKI, ROSE H 5439 N.W. 36 ST. MIAMI SPGS., FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KRUSZEWSKI, JOHN 5439 NW 36 ST. MIAMI SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.		
SIGNATURE:  <b>JOHN KRUSZEWSKI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>04/27/05 305-885-4991</b> <small>Date Daytime Phone #</small>



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1173126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000334635  
04/27/05-80055-006 150.00