


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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



04202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

KRUSZEWSKI, ANTHONY E.  
5439 NW 36 STREET  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be**  
**Added to Fees**

U000000917478  
05/13/08-80042-024 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV KRUSZEWSKI, ANTHONY E 5439 N.W. 36 ST. MIAMI SPGS., FL
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	

**DO NOT WRITE  
IN THIS SPACE**

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 another, I am empowered.

SIGNATURE: *Anthony E. Kruszevski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

305-238-4511

Daytime Phone #