## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 05, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY ST ZP LONGBOAT KEY, FL  TITLE NAME STREET ADDRESS CITY ST ZP LONGBOAT KEY, FL  Delete HILE NAME STREET ADDRESS CITY ST ZP LONGBOAT KEY, FL  Delete HILE NAME STREET ADDRESS CITY ST ZP  LONGBOAT KEY, FL  Delete HILE NAME STREET ADDRESS CITY ST ZP  Delete HILE NAME STREET ADDRESS CITY ST ZP  HILE NAME STREET ADDRESS CITY ST ZP  TITLE NAME STREET ADDRESS CITY ST ZP  CITY ST ZP  TITLE NAME STREET ADDRESS CITY ST ZP  CITY ST ZP  TITLE NAME STREET ADDRESS CITY ST ZP  CITY ST ZP  TITLE NAME STREET ADDRESS CITY ST ZP  CITY ST ZP  TITLE NAME STREET ADDRESS CITY ST ZP  CITY ST ZP  TITLE NAME STREET ADDRESS CITY ST ZP  CITY ST ZP	DOCUMENT # 470456  1. Entity Name OTMAR'S GERMAN MOTOR CARS, INC.				6		02-05-200	7 90121 (	)40 ***1:	50.00	
Suite, Apl. #, etc.  City & State  Suite, Applied For New Application of States Desired  \$9.1597070	1242 N LIME AVENUE		1242 N LIME AVENUE	1242 N LIME AVENUE							
Suite, Apl. #, etc.  City & State  Suite, Applied For New Application of States Desired  \$9.1597070											
City & State  Country  Country  Country  Country  Country  Country  Country  So Co	2. Principal Place of Business No PO Bov #		3. Mailing Address	3. Mailing Address				i 11411 11111 11111			
Signature   Sign	Stute, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-P	CR2E03	4 (12/06)		
5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entry submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamifer with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWIS: FEE IS \$150.00 After May 1, 2007 Fee will be \$\$550.00  After May 1, 2007 Fee will be \$\$550.00  After May 1, 2007 Fee will be \$\$550.00  If U. OFFICERS AND DIRECTORS  If III.  If III.  VS IMPLE JUNEMANN, OTMAR Sitest ADDRESS JUNEMANSCO DRIVE Sitest ADDRESS JUNEMANSCO DRIVE SITEST ADDRESS JUNEMANSCO DRIVE SITEST ADDRESS JUNEMANSCO DRIVE SITEST ADDRESS JUNEMANN, ELSE SITEST ADDRESS JUNEMANN, EL	City & State		City & State	City & State		]	 0 <b>7</b> 0		J		
Name   Street Address (PO Box Number is Not Acceptable)	Zip	Country Zip Cou		Countr	У	5. Certificate of	Status Desired				
JUNEMANN, OTMAR 532 JUAN ANASCO DR LONGBOAT KEY, FL 34228  City FL Zip Code  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 Fonds. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE:  SPOKER, these or evaluation of registered agent and registered agent accept the obligations of registered agent.  SIGNATURE:  SPOKER, these or evaluation of registered agent accept to the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE:  SPOKER, these or evaluation of registered agent.  SIGNATURE:  SIGNAT		6. Name and Address of Current	Registered Agent	1		7. Name and A	ddress of New R	egistered A	gent		
Street Address (P.O. Box Number is Not Acceptable)			Name								
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE	532 JUAN	ANASCO DR.			Street Address (	(P.O. Box Number	s Not Acceptable	e)			
B. The above named entity submits the statement for the purpose of changing its registered diffice or registered digent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE  Signature, bode or present any originated agent, and talled insulations:  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Compaging Financing Trust Fund Contribution.  Trust Fund Contribution.  \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  VS. JUNEMANN, OTMAR  SIRELE ADDRESS  532 JUAN ANASCO DRIVE  ITILE  JUNEMANN, ELSE  SIRELE ADDRESS  GITY SI AP  JUNEMANN, ELSE  SIRELE ADDRESS  GIT	LONGBOA	N NET, FL 34220									
The obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)  ITILE  VS JUNEMANN, OTMAR SIRE! ADDRESS  CITY S1 /P  LONGBOAT KEY, FL  Delete  ITILE  NAME SIRE! ADDRESS  532 JUAN ANASCO DRIVE CITY S1 /P  LONGBOAT KEY, FL  Delete  ITILE NAME SIRE! ADDRESS  CITY S1 /P  LONGBOAT KEY, FL  Delete  ITILE NAME SIRE! ADDRESS  CITY S1 /P  Delete  ITILE NAME SIRE! ADDRESS  CITY S1 /P  Delete  ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete  ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete  ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete ITILE Delete ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete ITILE Delete ITILE NAME SIRE! ADDRESS  CITY S1 /P  ITILE Delete SIRE! ADDRESS  CITY S1 /P  ITILE SIRE! ADDRESS  CITY S1 /P  CITY S1 /P  CITY S					City			FL	Zip Code	<b>3</b>	
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12. Thereby 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	NAME STREET ADDRÉSS' CITY-ST-ZIP			NAME STREE CITY	ET ADDRESS ST-ZIP		•			Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.