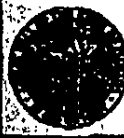


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Sep 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # 474097			
1. Entity Name FORMAN MOTORS, INC.			
Principal Place of Business 2100 NO. DIXIE HWY P.O. BOX 24 WEST PALM BEACH, FL 33407 US		Mailing Address P.O. BOX 24 PALM BEACH, FL 33460 US	
2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State City		City & State City	
Zip	Country	Zip	Country
4. FEI Number 59-1578287		Applied For ☒ NA Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FORMAN, BRUCE A. 2575 FLAMANGO LAKES DRIVE WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEB 18 \$188.00 After May 1, 2008 Fee will be \$280.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORMAN, BRUCE A. 2575 FLAMANGO LAKES DR. WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP FORMAN, MARY C. 2575 FLAMANGO LAKES DR. WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 reports 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 my address, with all other lines emphasized.			
SIGNATURE: 		7-29-08 561833/451	