## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2007 08:00 AM **DOCUMENT #643184 Secretary of State** RICHARD HAUSER MOTOR CORP. Principal Place of Business Mäiling Address 847 NE 2ND AVE. PO BOX 924307 SUITE B HOMESTEAD, FL 33092-4307 FORT LAUDERDALE, FL 33304 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2050800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAUSER, RICHARD DO NOT WRITE 847 NE 2ND AVE. SUITE B FORT LAUDERDALE, FL 33304 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 staneture regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME HAUSER, RICHARD STREET ADDRESS 10305 SOUTHWEST 91ST STREET CITY-ST-ZIP MIAMI, FL 33176 U000000593540 01/22/07-80035-013 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 federiver or turstee 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 en address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

CITY-ST-ZIP