

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G22991

FILED
Apr 29, 2005
Secretary of State

Entity Name: POTAMKIN MOTOR CARS, INC.

Current Principal Place of Business:

21111 SOUTH DIXIE HWY
CUTLER RIDGE, FL 33189

New Principal Place of Business:

Current Mailing Address:

21111 SOUTH DIXIE HWY
CUTLER RIDGE, FL 33189

New Mailing Address:

FEI Number: 59-2259669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, MICHELLE M ESQ
2333 PONCE DE LEON BLVD
#600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AUSTIN, MICHELLE M ESQ
2333 PONCE DE LEON BLVD
#550
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MICHELLE AUSTIN

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OVPA () Delete
Name: FARR, VERONICA
Address: 2333 PONCE DE LEON BLVD., #600
City-St-Zip: CORAL GABLES, FL 33134

Title: T/S () Delete
Name: YUSKO, DAVID
Address: 2333 PONCE DE LEON BLVD., #600
City-St-Zip: CORAL GABLES, FL 33134

Title: EVP () Delete
Name: FRIEDER, BARRY
Address: 2333 PONCE DE LEON BLVD., #600
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: POTAMKIN, ALAN H
Address: ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: POTAMKIN, ROBERT M
Address: C/O ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: GUTSTEIN, STEVE
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA FARR

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date