


FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H82260			
1. Entity Name MOTURIS INC.			
Principal Place of Business 3901 NW 16TH ST LAUDERHILL, FL 33311 US		Mailing Address 3901 NW 16TH ST LAUDERHILL, FL 33311 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2262387		Applied For <input type="checkbox"/> No <input type="checkbox"/> Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GULLEMANN, NUBIA S 3961 NW 21 CT COCONUT CREEK, FL 33066		7. Name and Address of New Registered Agent Name: Neal Klass Street Address (P.O. Box Number is Not Applicable): 8204 NW 74 Avenue City: Tamarac FL Zip Code: 33321	
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: <i>Neal Klass</i> Manager		DATE:	
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		E. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	DAHLER, ERNST	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	GROSSWIES 35	STREET ADDRESS	
CITY-STATE-ZIP	3185 WINKELSWITZ	CITY-STATE-ZIP	
<input checked="" type="checkbox"/> Delete	MGR / GULLEMANN, NUBIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Mrs. K. K. NEAL
STREET ADDRESS	3961 NW 21 CT	STREET ADDRESS	8204 NW 74 Avenue
CITY-STATE-ZIP	COCONUT CREEK, FL 33066	CITY-STATE-ZIP	Tamarac FL 33321
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or a predecessor 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 all other like empowers.			
SIGNATURE: <i>Neal Klass</i>		Date: 7/1/04 954-587-6450	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	