2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J39608

1. Entity Name
JUPITER MOTORS, INC.

Principal Place of Business	Mailing Address
1612 N U.S. HWY 1	1612 N U.S. HWY 1
JUPITER, FL 33469	JUPITER, FL 33469

DO NOT WRITE IN THIS SPACE

07012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2731228	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

MATALON, ELIOT
6253 WINDING LAKE DR
JUPITER, FL 33458

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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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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

TITLE	P
NAME	MATALON, ELIOT
STREET ADDRESS	6253 WINDING LAKE DR
CITY-ST-ZIP	JUPITER, FL

TITLE	ST
NAME	MATALON, CLAIRE A.
STREET ADDRESS	6453 WINDING LAKE DR
CITY-ST-ZIP	JUPITER, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE: _Claire Matalon_ CLAIRE MATALON 6/30/05 561-744-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #