


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 #