

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 015 ***558.75

DOCUMENT # K36855

1. Entity Name
MOTOR NOVA USA, INC.



Principal Place of Business

**C/O SANFORD LOFF
3440 HOLLYWOOD BLVD #450
HOLLYWOOD, FL 33021**

Mailing Address

**1800 N.E. 114TH STREET #1604
NORTH MIAMI, FL 33181**

40141000



2. Principal Place of Business - No P.O. Box #

**c/o Misty Weinger
Suite, Apt. #, etc.
4010 Sheridan Street**

3. Mailing Address

**4010 Sheridan Street
Suite, Apt. #, etc.**

03272007

Chg-P

CR2E034 (12/08)

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

98-0099700

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOFF, SANFORD
1800 N.E. 114 STREET #1604
NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name

WEINGER, MISTY CPA

Street Address (P.O. Box Number is Not Acceptable)

4010 SHERIDAN STREET

City

HOLLYWOOD

FL

Zip Code

33021

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

Misty L Weinger CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

5/16/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RAMPERSAD, LALCHAN**
STREET ADDRESS **POLE 163 EASTERN MAIN RD**
CITY - ST - ZIP **PETIT BOURG TRINIDAD,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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: LALCHAN RAMPERSAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/16/07

DATE

868-638-1079

DAYTIME PHONE #