
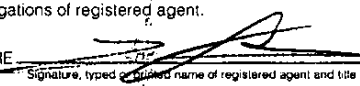
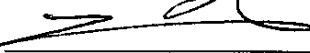


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90001 015 ***150.00

| | | | | | |
|--|--|---------------------------------|---|--|--|
| DOCUMENT # L51591 | | | |  | |
| 1. Entity Name MOTY'S COMPLETE AUTO REPAIR INC. | | | | | |
| Principal Place of Business 1201 N. STATE RD. 7 LAUDERHILL, FL 33313 | | | Mailing Address 1201 N. STATE RD. 7 LAUDERHILL, FL 33313 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0173856 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOTY, ZAMIR 1201 N. STATE RD. 7 LAUDERHILL, FL 33313 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE 6-6-08 | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by: September 12, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MOTY, ZAMIR 1201 N. STATE RD. 7 LAUDERHILL, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | Date 6-6-08 Daytime Phone # 754-779-1388 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |