
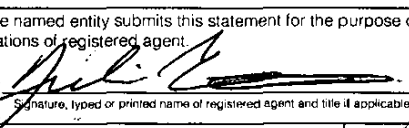
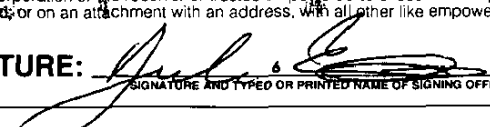


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90052 012 ***150.00

DOCUMENT # L59840					
1. Entity Name SCHAEFFLER'S MOTOR, INC.					
Principal Place of Business 1793 W 39TH PLACE HIALEAH, FL 33012 US			Mailing Address 1793 W 39TH PLACE HIALEAH, FL 33012 US		
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	03042008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0189828			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CALCANO, JULIO 19409 N.W. 82ND PL MIAMI LAKES, FL 33015			Name CALCANO, JORGE		
			Street Address (P.O. Box Number is Not Acceptable)		
			19409 N.W. 82nd PL		
			City MIAMI LAKES, FL	Zip Code 33015	
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 03/04/2008		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALCANO, JULIO		NAME		
STREET ADDRESS	19409 N.W. 82ND PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CALCANO, JORGE		NAME	CALCANO, JORGE	
STREET ADDRESS	19409 N.W. 82ND PL		STREET ADDRESS	19409 N.W. 82nd PL	
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date 03/04/2008 Daytime Phone # 305-558-0205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					