
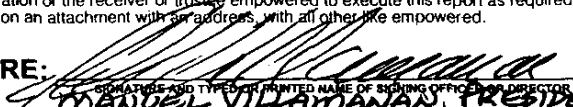


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 028 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # M18358 | |  | |
| 1. Entity Name SOUTH MOTORS SUZUKI, INC. | | | |
| Principal Place of Business 16215 S. DIXIE HIGHWAY MIAMI, FL 33157 | | Mailing Address 16215 S. DIXIE HIGHWAY MIAMI, FL 33157 | |
| 2. Principal Place of Business - No P.O. Box # 17920 S. DIXIE HIGHWAY | | 3. Mailing Address 16165 S. DIXIE HIGHWAY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | |
| Zip 33157 | | Zip 33157 | |
| Country DADE | | Country DADE | |
| 4. FEI Number 59-2804935 | | 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 CAMACHO, CESAR 240 E FLAGLER ST MIAMI, FL 33131 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP | CD DASCAL, CHARLES 1801 SW 1ST ST. MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HILTON, JOHN 16165 S. DIXIE HWY MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HOFFMAN, LARRY J 1221 BRICKELL AVE MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD VILLAMANAN, MANUEL 16165 S DIXIE HWY MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHARIFF, JONATHAN 16165 S. DIXIE HWY MIAMI, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LUJAN, RICARDO 16165 S DIXIE HWY MIAMI, FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | D CHARIFF, JACQUELINE 16165 S DIXIE HWY MIAMI, FL 33157 | |
| 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:  | | 01-08-07 305-256-2317 Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANUEL VILLAMANAN, PRESIDENT | | | |

(46)