


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M80278

1. Entity Name
RKR MOTORS, INC.



Principal Place of Business
350 W COPANS RD
POMPANO BEACH, FL 33064 US

Mailing Address
350 W COPANS RD
POMPANO BEACH, FL 33064 US

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0070349 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRLAND, ROBERT A.
350 W. COPANS RD
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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 retaking) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	KIRLAND, ROBERT A.
STREET ADDRESS	350 W. COPANS RD
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	S
NAME	KIRSCHNER, MITCHELL B.
STREET ADDRESS	1801 NORTH MILITARY TRAIL SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	AS
NAME	MONTEMERLO, FRANCIS S
STREET ADDRESS	1220 FILLMORE ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	CONDER, THERESA
STREET ADDRESS	350 W COPANS RD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VP
NAME	GONZALEZ, LAURA A
STREET ADDRESS	350 W COPANS RD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VP
NAME	SIMPKINS, JOE
STREET ADDRESS	350 W COPANS RD
CITY-ST-ZIP	POMPANO BEACH, FL 33064

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04/29/04-80122-012 150.00

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IN THIS SPACE**

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 677, 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: *Francis S. Montemerlo* FRANCIS S. MONTEMERLO ASST SECRETARY 4/26/94
Date Daytime Phone #

954-943-5000