

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005019

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** MOTOSOCIETY - RIDERS ASSOCIATION OF THE USA, INC.

**Current Principal Place of Business:**

245 SE 1 STREET  
SUITE 205  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

245 SE 1 STREET  
SUITE 205  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 26-2754950      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AVOLLONI, LUIZ F  
245 SE 1ST STREET #205  
MIAMI, FL 33131 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AVALLONI, LUIGI  
Address: 245 SE 1 STREET SUITE 205  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete  
Name: MATTOS, ALDO  
Address: 10230 SW 16 ST  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: RODRIGUES, CANDIDO  
Address: 245 SE 1 STREET SUITE 205  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIZ AVALLONI

P

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date