

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027575

Entity Name: MOTOPSYCHO INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

12901 W OKEECHOBEO RD
#F11
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

12901 W OKEECHOBEO RD
#F11
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 65-0993769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMARIO, CLAUDIO
12901 W OKEECHOBEE RD #F11
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE LA TORRE, NANCY
Address: 4110 W 19 AVE
City-St-Zip: HIALEAH, FL 33012

Title: V (X) Delete
Name: DAMARIO, CLAUDIO
Address: 4110 W. 19TH AVE.
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAMARIO, CLAUDIO
Address: 4110 W. 19TH AVE
City-St-Zip: HIALEAH, FL 33012

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO DAMARIO

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date