


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 045 ***158.75

DOCUMENT # P0000027575

1. Entity Name
MOTOPSYCHO INC.




Principal Place of Business
**12901 W. OKEECHOBEE RD.
 #F11
 HIALEAH GARDENS, FL 33018**

Mailing Address
**12901 W. OKEECHOBEE RD.
 #F11
 HIALEAH GARDENS, FL 33018**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04172007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0993769

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SEDENO, ALEX
 12901 W OKEECHOBEE RD.
 #F11
 HIALEAH GARDENS, FL 33018**

7. Name and Address of New Registered Agent

Name **Nancy Font Dela Torre**

Street Address (P.O. Box Number is Not Acceptable)
4110 W. 19 Ave

City **Hialeah** FL Zip Code **33012**

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: **4/17/07**

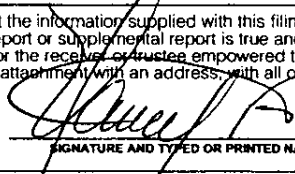
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	P SEDENO, ALEX 12901 W. OKEECHOBEE RD. #F11 HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Font P, VP, S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4110 W. 19 Ave Hialeah FL 33012
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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: **4/17/07** DAYTIME PHONE #: **786-247-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR