2001 UNIFORM BUSINESS REPOR FILED Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P0000056442 1. Entity Name GODSPEED MOTORCYCLE ACTION GEAR, INC. 03-08-2001 90091 003 \*\*\*150.00 Principal Place of Business Mailing Address 3031 NE 21ST AVE., STE. #6 3031 NE 21ST AVE., STE, #6 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business, 8444 NW 34 th MANOR Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE U+h City & State City & State 4. FEI Number Applied For Not Applicable untry Country \$8.75 Additional 5. Certificate of Status Desired Kroward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>orres</u>, <u>uuan</u> TORRES, JUAN D Street Address (P.O. Box Number is Not Acceptable) 3031 NE 21ST AVE., STE. #6 FT. LAUDERDALE FL 33306 MANOR Zip Code 8. The above named entity submits this statement for the purpose of changing its regis ered office or registered agent, or both, in the State of Florida. **SIGNATURE** red Agent signature required when reinstating) a, typed or printed name of registered agent and title if applicable (NOTE: Regis FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing -\$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TILE Change ☐ Addition TORRES, JUAN D NÅME NAME STREET ADDRESS 3031 NE 21ST AVE., STE. #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33306 TITLE ☐ Change ☐ Addition ☐ Delete TITLE RODRIGUEZ, ELIZABETH NAME NAME 3031 NE 21ST AVE., STE. #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Daytime Phone # GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR