


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90115 036 \*\*\*150.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # P00000107685</b><br>1. Entity Name<br><b>MOTION IMPORT CORPORATION</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>1390 BRICKELL AVE., STE. 200<br/>MIAMI, FL 33131</b>  |   |  | Mailing Address<br><b>1390 BRICKELL AVE., STE. 200<br/>MIAMI, FL 33131</b>  |  |  |
| 2. Principal Place of Business<br><b>1114 S. DOUGLAS RD</b>   |   | 3. Mailing Address<br><b>1114 S. DOUGLAS RD.</b> |   |  |  |
| Suite, Apt. #, etc. <b>6</b>  |   | Suite, Apt. #, etc. <b>6</b>                     |   |  |  |
| City & State<br><b>CORAL GABLES, FL.</b>  |   | City & State<br><b>CORAL GABLES, FL.</b>         |   |  |  |
| Zip <b>33134</b> Country <b>USA</b>   |   | Zip <b>33134</b> Country <b>USA</b>              |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>AGRAMUNT, LUIS<br/>1390 BRICKELL AVE., STE. 200<br/>MIAMI, FL 33131</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>LUIS AGRAMUNT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1114 S. DOUGLAS RD. #6</b><br>City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b> |  |  |
| 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.<br><br>SIGNATURE _____ <b>LUIS AGRAMUNT</b> <b>04/28/05</b><br><small>Signature, typed or printed name of registered agent and not applicable. Registered Agent signature required when reinstating. DATE</small>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D JOCH, FRED</b> <input type="checkbox"/> Delete<br><b>1390 BRICKELL AVE., SUITE 200</b><br><b>MIAMI, FL 33131</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1114 S. DOUGLAS RD #6</b><br><b>CORAL GABLES, FL. 33134</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> _____ <b>FRED JOCH (PND)</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <b>04/28/05 (305) 448-3077</b><br><small>Date Daytime Phone #</small>   |  |  |