

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90072 020 ***150.00

DOCUMENT # P01000104590

1. Entity Name
U.S. 1 MOTORS, INC.



40111831

Principal Place of Business
17528 S DIXIE HIGHWAY
MIAMI, FL 33157 US

Mailing Address
7105 SW 8 ST, 306
MIAMI, FL

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7105 SW 8 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

04302007

Chg-P

CR2E034 (12/06)

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

65-1150752

Applied For

Not Applicable

Zip

Country

Zip

33144

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUPO, OSCAR
17528 S DIXIE HIGHWAY
MIAMI, FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PVD
PUPO, OSCAR
17528 S DIXIE HIGHWAY
MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PUPO, ESTER
17528 S DIXIE HIGHWAY
MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Oscar Pupo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

(305) 226 3443

Daytime Phone #