2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90036 014 ***150.00

DOCUMENT # P01000113710

1. Entity Name
INTERNATIONAL MOTOR PRODUCTS, INC.

400500

Principal Place of Business	Mailing Address
6966 NW 50TH STREET MIAMI, FL 33166	6966 NW 50TH STREET MIAMI, FL 33166

02042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business: 11421 NW 39 CT STREET
Suite, Apt. #, etc:
City & State: DORAL, FL
Zip: 33178
Country:

3. Mailing Address: SAME
Suite, Apt. #, etc:
City & State: MIAMI - SAME
Zip:
Country:

4. FEI Number: 04-3595634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DI MARIANA, ANTONIO
6966 NW 50TH STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 11421 NW 39 CT STREET
City: DORAL FL Zip: 33178

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 (B, C, D)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DI MARIANA, ANTONIO 6966 NW 50TH STREET MIAMI, FL 33126	☐ Delete	11421 NW 39 CT STREET DORAL FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GMD LOPEZ, CARINA 6966 NW 50TH STREET MIAMI, FL 33126	☐ Delete	11421 NW 39 CT STREET DORAL FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Carina Lopez 3/18/08 3054680271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #