2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000122499

1. Entity Name



FILED Mar 24, 2003 8:00 am \$ Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired Status De	MOTO X	TREME, INC.						03-24-2003 90	180 00)/ ***15().00
Surie, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Country State Check Here If Making Changes Applied Appli	1500 BAY RD SUITE 918).	1500 B. Suite	1500 BAY RD. SUITE 918] FROM BAR III ROTOL MAAT OOM AARKE O		1848 (1981), OYAYA	
City & State City & State City & State City & State Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent Name To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Surres 18 MIAM BEACH FL 33139 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered differe or registered agent, or both, in the State of Florida. I am femilier with, and a fire codingations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INLE MOSQUEDA, FELIX G STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS DOVAS, JAMES A DOVAS JAMES	Principal Place of Business A. Mailing Addres				Iress						
Zip Country Zip Country S. Certificate of Status Desired	Suite, Apt. #, etc. Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES			
Second Process Seco	City & State			- City & State			4.,	-4.*FEI-Number 90-0003207 — Applied For Not Applicable			
Name and Address of New Registered Agent Name MOSOUEDA, FELIX G 1500 BAY RD. SUITE 918 MAMI BEACH FL 33139 City FL City FL Zip Code City Ci	Zip	Country	Zip		Coun	itry	5.			\$8.75 Ac	Iditional
MOSQUEDA, FELIX G 1500 BAY RD. SUITE 918 MIAMI BEACH FL 33139 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 familier with, and a the collegations of registered upent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.			t Registered	Agent			7.	Name and Address of New Regi	istered /		
SIGNATURE ### Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	MOSQUE							•			
MIAMI BEACH FL 33139 City FL Zip Code 8. The above named onlity 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 a state of blook of registered agent. SIGNATURE The Now!! FEE IS \$150.00						Street Addres	ss (P.O. E	Box Number is Not Acceptable)		•	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and a the obligations of registered agent. SIGNATURE SIGNATURE						ļ					
THE VOVAS, JAMES A STREET ADDRESS OVAS, JAMES	MIAMI BE	ACH FL 33139				City			FL	Zip Cod	de
Signature, Upsad or printed name of registered agent and stee it application (NOTE: Registered Agent signature required when reinstating) DATE	8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpos	se of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Florida	a. I am f	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE	<u> </u>		1		-					
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of registered agent	t and title if applic	able. (NOTE	: Registered	d Agent signature requ	uired when r	reinstating)	DATE		
TITLE P MOSQUEDA, FELIX G Delete NAME STREET ADDRESS CITY-ST-ZIP DORSS CITY-ST-ZIP DOVAS, JAMES A 2404 NW 49TH LN BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP DORSS CITY-ST-ZIP CITY ST-ZIP CITY ST-	Afte	r May 1, 2003 Fee will be \$550.00									
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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.

SIGNATURE: