



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90014 016 ***150.00

DOCUMENT # P02000096006 1. Entity Name MOTORS & BEARINGS CONCEPT INC					
Principal Place of Business 2870 50TH TERRACE SW NAPLES, FL 34116			Mailing Address 2870 50TH TERRACE SW NAPLES, FL 34116		
2. Principal Place of Business 2870 50TH TERR. SW Suite, Apt. #, etc.		3. Mailing Address 2870 50TH TERR. SW Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 75-3080166	
Zip 34116		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, PABLO E 94 WILLOUGHBY DR NAPLES, FL 34110				7. Name and Address of New Registered Agent Name Pablo E. Garcia Street Address (P.O. Box Number is Not Acceptable) 2870 50TH TERRACE SW City NAPLES FL 34116	
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 <u><i>Pablo E. Garcia</i></u> DATE <u>3-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP GARCIA, PABLO E 2870 50TH TERRACE SW NAPLES, FL 34116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARCIA, MARIA T 2870 50TH TERRACE SW NAPLES, FL 34116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Pablo E. Garcia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-13-06</u> Daytime Phone # <u>239-348-3356</u>		