

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000097491

**FILED**  
**Apr 07, 2005**  
**Secretary of State**

**Entity Name:** THE MIAMI MOTORCYCLE SHOW INC.

**Current Principal Place of Business:**

2921 CORAL WAY  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD  
STE 606  
MIAMI, FL 33134

**New Mailing Address:**

3438 SW 24 TERRACE  
MIAMI, FL 33135

**FEI Number:** 11-3651955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINOCCHIARO, JUSTIN M  
3438 SW 24 TERRACE  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FINOCCHIARO, JUSTIN M  
Address: 2921 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: FINOCCHIARO, JUSTIN M  
Address: 2921 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: S ( ) Delete  
Name: FINOCCHIARO, MARCIA R  
Address: 2921 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FINOCCHIARO, JUSTIN M  
Address: 2921 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN M FINOCCHIARO

PRES

04/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date