FILED Jul 14, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000107731 1. Entity Name KAMIKAZE PILOT MOTORCYCLE CORP.									Secretary of State 04-28-2003 90963 025 ***1 50.00 07-14-2003 90329 046 *****8.75				
Principal Place of Businese 245 SE 1ST SIDEET. SUITE 321 MIAMLET 33131 MIAMLET 33131 MIAMLET 33131 MIAMLET 33131													
2. Principal P 3847	\$ 5	TREET	3. Mailing Address	x 6	001	0128			(TAMASAMA JIR MADARA ILMIR MADIS) M		 	.8 11191 1181 1881	
Suite, Apt.	Suite, Apt. #, etc						CHECK HERE IF MAKING CHANGES						
City & Stat	ni Bch		FL	NORTH M				FL	4. F	05-05768°	42	- -	Applied For Not Applicable
^{Zip} 331	60	Country		Zip 33160		Country	ΰ.	5. A.	5. C	Certificate of Status Desired	\Box	\$8.75 Ac Fee Require	
	6. Name a			legistered Agent	<u> </u>	Ĺ			7. N	ame and Address of New	Registere		
							Name						-
SALGADO JR, SILVIO 3847 NE 168 STREET # 2C							Street Address (P.O. Box Number is Not Acceptable)						
	IAMI BEACH		50			<u> </u>						•	
						. •	City				F	Zip Cod	de
After Se	ILE NOW!!! ptember 10, 2	FEE IS	\$550.00 will be \$750.0 Department of	00	(NOTE: F	Registered A	gent sign:	ature required	when rein	9. Election Campaign F Trust Fund Contributi			00 May Be
10.			FFICERS AND D	IRECTORS		11.			ADI	DITIONS/CHANGES TO OF	FICERS A	ND DIRECTOF	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE AGUILAI 3847 NE 16	8 STRE		☐ Delet	e.	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delet	te	TITLE NAME STREET. CITY-SI	address 1-zip					☐ Change	Addition
NAME		# · · · - ·		□ Delet	e	TITLE "NAME STREET CITY-ST	address 1-zip		-		* * *	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delet	е	TITLE NAME STREET, CITY-ST	address 1-zip			1,000		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delet	e 	TITLE NAME STREET A CITY-ST	ADDRESS ZIP					☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	-			☐ Delete	e	TITLE NAME STREET	ADDRESS -ZIP			1		☐ Change	☐ Addition
indicated of the corp	on this report of poration or the	r supplei receiver	mental report is t or trustee empov	rue and accurate and	d that my report as	signatur	e shall l	have the s	ame le	19.07(3)(i), Florida Statutes gal effect as if made under a Statutes; and that my nam	oath; that	I am an officer	r or director

SIGNATURE:

QUATZICE REQUIRED

07/09/03

305-491-9029

Attachment

4/28/2003-90963-025-\$150.00-\$150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P0200010773 DOCUMENT # KAMIKAZE PILOT MOTORCYCLE CORP. 10109903 Principal Place of Business Mailing Address 245 SE 1ST STREET, SUITE 321 245 SE 1ST STREET, SUITE 321 MANU FL 33131 MIAMI FL 33131 Principal Place of Business P.O. BOX 600128 Vailing Address
0. BOX 600 128 0. Sulle, Apt. #, etc. M CHECK HERE IF MAKING 4. FEI Number Beach Not Appl \$8.75 Addition 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered A Name SALGADO JR, SILVIO Street Address (P.O. Box Number la Not Acceptable) 3847 NE 168 STREET # 2C NORTH MIAMI BEACH FL 33160 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 egent. SIGNATURE : Bowl OLOTE: IN DATE File nowili fee-is \$150.00 \$5,00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Psyable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Delete TITLE ☐ Addition DE AGUILAR, FLAVIA V NAME NAME 3847 NE 168 STREET # 2C STIME ET ADDRESS STREET ADDRESS NORTH MIANT BEACH FL 33160 CITY-ST-ZIP CITY-\$7-2P Deleta TITLE MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ariv-ST-28 CITY-ST-ZIP MILE ☐ Delete IIILE ☐ Change ☐ Addition STREET MOORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE. - Addition-☐ Chance STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP Odens TITLE ME ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-51-76 CITY-ST-ZIP TITLE Defete MLE Change ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZP 12. I hereby certify triat the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my alignature shall have the same legal effect as if made under eath; 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 chapter 607, Florida Statutes. SIGNATURE REQUIRED SIGNATURE: