

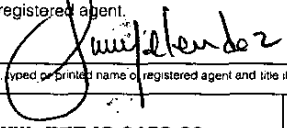
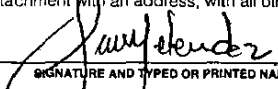


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90393 011 \*\*\*150.00

<b>DOCUMENT # P03000033640</b> 1. Entity Name <b>MDM MOTORS, INC.</b>																																																																																		
Principal Place of Business <b>940 SW 36 CT</b> <b>MIAMI, FL 33135</b>		Mailing Address <b>940 SW 36 CT</b> <b>MIAMI, FL 33135</b>																																																																																
2. Principal Place of Business <b>9090 N.W. South River Dr</b> Suite, Apt. #, etc. <b>Bay 35</b> City & State <b>Medley, FL</b> Zip <b>33166</b> Country <b>USA</b>		3. Mailing Address <b>2875 W 73 St</b> Suite, Apt. #, etc.  City & State <b>Hialeah Gardens, FL</b> Zip <b>33018</b> Country <b>USA</b>																																																																																
4. FEI Number <b>08-1180716</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																
6. Name and Address of Current Registered Agent <b>GONZALEZ, MARIO</b> <b>940 SW 36 CT</b> <b>MIAMI, FL 33135</b>			7. Name and Address of New Registered Agent Name <b>Carlos A. Melendez</b> Street Address (P.O. Box Number is Not Acceptable) <b>2875 W 73 St</b> City <b>Hialeah Gardens, FL</b> Zip Code <b>33018</b>																																																																															
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:  <b>Carlos Melendez</b> 3-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>PD DUQUE, NURY</b></td> <td><b>7341 W. 16 AVENUE</b></td> <td><b>HIALEAH, FL 33640</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>V CARDOSO, NELSON</b></td> <td><b>7341 W. 16 AVENUE</b></td> <td><b>HIALEAH, FL 33640</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<b>PD DUQUE, NURY</b>	<b>7341 W. 16 AVENUE</b>	<b>HIALEAH, FL 33640</b>	<input type="checkbox"/>		<b>V CARDOSO, NELSON</b>	<b>7341 W. 16 AVENUE</b>	<b>HIALEAH, FL 33640</b>	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td><b>VP Duque, Nury</b></td> <td><b>7341 W 16 Avenue</b></td> <td><b>Hialeah FL 33640</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>Melendez, Carlos A</b></td> <td><b>2875 W 73 St</b></td> <td><b>Hialeah Gardens, FL 33018</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		<b>VP Duque, Nury</b>	<b>7341 W 16 Avenue</b>	<b>Hialeah FL 33640</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>Melendez, Carlos A</b>	<b>2875 W 73 St</b>	<b>Hialeah Gardens, FL 33018</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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12. 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:  <b>Carlos Melendez</b> 3-22-04 (305)331-5301 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																		