

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90037 001 \*\*\*150.00

**DOCUMENT # P03000049106**

1. Entity Name  
**VR MOTORS INTERNATIONAL, INC.**



Principal Place of Business  
**4359 N.W. 71ST TERRACE  
LAUDERHILL, FL 33319**

Mailing Address  
**4359 N.W. 71ST TERRACE  
LAUDERHILL, FL 33319**

2. Principal Place of Business  
**2641 NE 5 Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**4359 NW 71 Terrace**  
Suite, Apt. #, etc.



02032004 Chg-P CR2E034 (10/03)

City & State  
**Pompano Beach FL**  
Zip **33064** Country **US**

City & State  
**Lauderhill FL**  
Zip **33319** Country **US**

4. FEI Number  
**76-0732682**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOWKARAN, RAMNANAN  
4359 N.W. 71ST TERRACE  
LAUDERHILL, FL 33319**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **GOWKARAN, VIJESH**  
STREET ADDRESS **4359 N.W. 71ST TERRACE**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **SD** ☐ Delete  
NAME **GOWKARAN, RAMNANAN**  
STREET ADDRESS **4359 N.W. 71ST TERRACE**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Vijesh Gowkaran **Vijesh Gowkaran**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04  
Date

754-264-5147  
Daytime Phone #