

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # P03000049935</b>   |  |
| 1. Entity Name<br><b>MOTORCYCLE BROKERS, INC.</b>  |  |
| Principal Place of Business<br><b>404 N.E. 38 STREET<br/>C-1 C-2<br/>FORT LAUDERDALE, FL 33334</b> | Mailing Address<br><b>404 N.E. 38 STREET<br/>C-1 C-2<br/>FORT LAUDERDALE, FL 33334</b> |



04072005 No Chg-P CR2E034 (10/03)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>74-3090697</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |  |                                       |
|---|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>KATES, ELIZABETH J ESQ.<br/>4411 NW 10 ST<br/>POMPANO BCH, FL 33066</b> |  | <b>DO NOT WRITE<br/>IN THIS SPACE</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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

|  |   |
|--|---|
| 10. OFFICERS AND DIRECTORS                         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPST<br>SMITH, STUART W<br>631 NW 39 ST<br>OAKLAND PARK, FL 333095023 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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)(f), 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:

*Stuart Smith*

STUART SMITH

4-7-05

954-561-2313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #