2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State 05-06-2004 90172 017 ***150.00

ANNUAL REPORT						Secretary of State					
1. 1	Entity Nam	MENT # P03000060 motors inc				05-06-2004 9	0172 017	***150	0.00		
· •			Mailing Address	Address			34011104				
	8004 NW 154 IH STREET 8004 NW 154 IH-STREE							•			
SUITE 388 SUITE 388 SUITE 388 MAMÍ LAKES, FL 33016 MAMÍ LAKES, FL 33016											
Mu	AMI LAVEZ	, FL 33016	MHAMI LAKES, FL 33016				I Bauta enu ac ali ca in ac ali	ROMA OFFIL ROUGH A		11 11	
2. 1	Principal P	lace of Business INWG45treet	3. Mailing Address	vert.							
Suite, Apt. #, etc.			8204 NW 64street Suite, Apt. #, etc.		04282004	Cha P	CBSEASA	(10/03)			
		· ·····				<u> </u>	Chg-P	CR2E034	·		
'	City & State		City & State	A		4. FEI Numb	: : : : : : : : : : : : : : : : : : :		<u></u> → —	plied For t Applicable	
	Zip	Country	Zip	Country			of Status Desired		.75 Add	litional	
-	33/66 6. Name and Address of Current Registered Agent				Fee Required 7. Name and Address of New Registered Agent						
		o. Name and Address of Cuttern	Name								
	BATISTA, JOHN L 8004 NW 154TH STREET					Street Address (P.O. Box Number is Not Acceptable)					
SL	SUITE 388										
MIAMI LAKES, FL 33016					City Zip Code						
<u> </u>											
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 accomplete the obligations of registered agent.										and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE											
FILE NOWILL FEE 15 \$450.00 9. Election Campaign Financing \$5.00 May Be											
1	After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.			Add	.00 May Be led to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 11	
TITLE	E	P, D	☐ Delete	TILE] Change	☐ Addition	
NAM		BÁTISTA, JOHN L		NAME							
	EET ADDRESS '-ST-ZIP	8004 NW 154TH ST MIAMI LAKES, FL 33016		STREET ADDRESS City-St-Zip							
					1				Change	☐ Addition	
NAM			L. Delete	TITLE Name				Ĺ) GIMINE	Addition	
	ET ADDRESS			STREET ADDRESS						:	
СПҮ	-ST-ZIP			CITY-ST-ZIP						!	
TITLE	<u> </u>		☐ Delete	TILE] Change	Addition	
NAM				NAME	1						
1	ET ADDRESS			STREET ADDRESS	ļ					ļ	
<u> </u>	-ST-ZIP			CITY-ST-ZIP	-	· 		r) Channe	☐ £ddlilaa	
NAM			☐ Delete	TITLE Name	1			L] Chança	☐ Addition	
1	EET ADDRESS			STREET ADDRESS							
	-ST-ZIP			CITY-ST-ZIP							
TITL			☐ Delete	TITLE] Change	Addition	
NAM				NAME STREET ADDRESS							
1	EET ADDRESS '-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
ппи			☐ Delete	TILE	-] Change	☐ Addition	
NAM			CT Delem	NAME	1			_	~ ~	- Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFIC OFFICER OR DIRECTOR

305.413.9900

Daytime