

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 027 ***150.00

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1. Entity Name
MOTOWN MOTORS INCORPORATED



Principal Place of Business Mailing Address

3781 SW COQUINA COVE WAY, APT. #208 3781 SW COQUINA COVE WAY, APT. #208
 PALM CITY, FL 34990 PALM CITY, FL 34990

40017674



01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address

847 N. Andrews Ave **847 N. Andrews Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Ft. Lauderdale, FL **Ft. Lauderdale FL**

Zip Country Zip Country

33311 **Broward** **33311** **Broward**

4. FEI Number Applied For

20-1027640 Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 660 EAST JEFFERSON ST.
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name **IDA SHUVE**

Street Address (P.O. Box Number is Not Acceptable)
3781 SW Coquina Cove Way # 208

Apt. 208

City **Palm City** FL Zip Code **34990**

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 *Ida Shuve, President* **01/26/2005**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHUVE, IDA	3781 SW COQUINA COVE WAY, APT. #208	PALM CITY, FL 34990	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input 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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ida Shuve* **IDA SHUVE** **1/26/2005** **772 781-1571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #