

**2005.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2006 OCT -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074353

1. Entity Name
A.W.B. MOTORS, INC.



Principal Place of Business
11379 N.W. 15TH CT.
PEMBROKE PINES, FL 33026

Mailing Address
11379 N.W. 15TH CT.
PEMBROKE PINES, FL 33026

05/01/06 90292 002 IS052



08142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3159962

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARON, ALEX W
11379 N.W. 15TH CT.
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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

04/01/2006

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARON, ALEX W
11379 N.W. 15TH CT.
PEMBROKE PINES, FL 33026

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2006

Date

305-310-8869

Daytime Phone #

psoria

Pedro Enrique Soria
Notary Public & Accountant

Since 1989

600 W. Hallandale Bch. Blvd. # 6
Hallandale, FL 33009
Ph/ (954) 455.0701

psoria@bellsouth.net
www.pedrosoria.com

September 15, 2006

FLORIDA DEPARTMENT OF REVENUE
5050 W Tennessee Street
Tallahassee, FL 32399-0135

REF: A.W.B.MOTTORS, INC.
I.D. 75-3159962
ANNUAL REPORT Period 2006

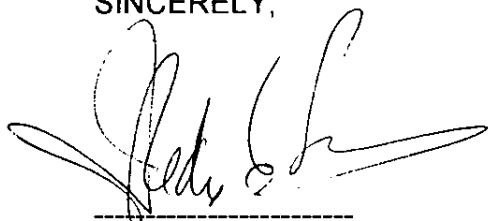
UNDER MY CLIENT REQUEST, I AM SENDING AN EXTRA COPY OF THE
2006 ANNUAL REPORT FLORIDA CORPORATE.

WITH OUR LAST TELEPHONE CONVERSATION WITH FLORIDA DEPARTMENT OF
STATE INFORMED: DATE MAY 18 2006 WE NOT RECIVED YOUR MAIL
RE -REQUESTING THE REPORT FORM AND THE PATMENT IS POSTED FOR \$150.00
ON TIME PERIOD.

PLEASE MAKE THE ADJUSTMENT ON THE ACCOUNT, EXTRA CHARGES DO NOT
APPLY.

IF YOU MAY HAVE ANY QUESTION REGARDING THIS MATTER PLEASE CALL ME
TO THE NUMBERS SHOWN ABOVE.

SINCERELY,



PEDRO E. SORIA