


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State


DOCUMENT # P04000086384 1. Entity Name MOTORCYCLE RESCUE INC.	
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Principal Place of Business 9707 SW 147 CT. MIAMI, FL 33196	Mailing Address 9707 SW 147 CT. MIAMI, FL 33196
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2153537	Applied For Not Applicable
5. Certificate of Status Desired 	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLEITAS, DAVID 9707 SW 147 CT. MIAMI, FL 33196	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLEITAS, DAVID 9707 SW 147 CT. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEYER-FLEITAS, CONSTANCE 9707 SW 147 CT MIAMI, FL 33196
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/09/08-80039-017 158.75

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:  DAVID FLEITAS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/20/2008 <small>Date</small>	3057866681 <small>Daytime Phone #</small>
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