## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am **DOCUMENT # P04000101949** Secretary of State 05-02-2005 90979 043 \*\*\*150.00 BAD GIRLS MOTORCYCLES INC. Principal Place of Business Mailing Address PO BOX 30355 PO BOX 30355 FT LAUDERDALE, FL 33303-0355 FT LAUDERDALE, FL 33303-0355 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 386-64-6975 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALU, JODY L 208 HENDRICKO IGLE DOCK#3 100 Isle of Venice Dock \*8 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33301 Zip Code 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 ered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST 4 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALU, JODY L NAME STREET ADDRESS PO BOX 30355 STREET ADDRESS FT LAUDERDALE, FL 333030355 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME

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

GIGNATURE of Lalu

STREET ADDRESS

CITY-ST-ZIP

4-29-05

FILED