## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT FILED** Jan 22, 2008 08:00 AM Secretary of State DOCUMENT # P04000143024 1. Entity Name ALLAPATTAH ELECTRIC MOTORS, INC. Principal Place of Business Mailing Address 1746 N. W. 21 TERRACE 1746 N. W. 21 TERRACE MIAMI, FL 33142 MIAMI, FL 33142 No Chg-P CR2E034 (11/05) 01142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1770809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GALDONA, DAVID -DO NOT WRITE 1746 N. W. 21 TERRACE MIAMI, FL 33142 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be \*FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees : After May 1, 2008 Fee will be \$550.00 + -- - OFFICERS AND DIRECTORS 10: **PSD** GALDONA, DAVID NAME STREET ADDRESS 1746 NW 21ST TERRACE .CITY-ST-ZIP MIAMI, FL 33142 VPTD U00000790409 TITLE ALVAREZ, LILIAM NAME 01/23/08-80034-015 150.00 1746 N. W. 21 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS DO NOT WRITE

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 with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS .CITY-ST-ZIP. TITLE NAME - -STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR