

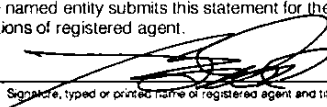



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90116 044 \*\*\*150.00

<b>DOCUMENT # P04000165480</b> 1. Entity Name <b>MIAMI MOTOR CAR, INC.</b>					
Principal Place of Business <b>560 LINCOLN RD SUITE 301 MIAMI BEACH, FL 33139</b>			Mailing Address <b>560 LINCOLN RD SUITE 301 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>4040 N.E. 2<sup>ND</sup> AVE</b> Suite, Apt. #, etc. <b>SUITE 401</b>		3. Mailing Address <b>4040 N.E. 2<sup>ND</sup> AVE</b> Suite, Apt. #, etc. <b>SUITE 401</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>20-2760013</b>	
Zip <b>33137</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MALDEN, BRETT 560 LINCOLN RD SUITE 301 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>MALDEN, BRETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4040 N.E. 2<sup>ND</sup> AVE</b> Suite, Apt. #, etc. <b>SUITE 401</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33137</b>		
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:  <b>BRETT MALDEN, President</b> <span style="float: right;">4/30/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDEN, BRETT 801 BRICKELL KEY BLVD UNIT 2006 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HARRISON, MARK J 180 MEADOWBROOK RD SARATOGA SPRINGS, NY 12866	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANDREA, FRANCIS A 259 BRIGHAM RD GREENFIELD CENTER, NY 12833	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'ANDREZ, JILL 259 BRIGHAM RD GREENFIELD CENTER, NY 12833	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  <b>as President</b> <span style="float: right;">4/30/05 305.695.8222</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					