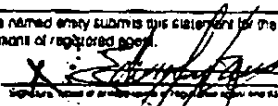
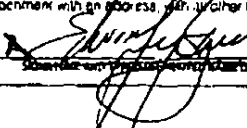


FILED
Jun 23, 2006 8:00 am
Secretary of State

5/3/7

05-03-2006 90200 009 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000052118			
1. Entity Name U.S. WORLD MOTORS, INC.			
Principal Place of Business 17351 SW 290 STREET HOMESTEAD, FL 33030		Mailing Address 17351 SW 290 STREET HOMESTEAD, FL 33030	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2648728		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAJAC, ALEJANDRO 3750 WEST FLAGLER ST. MIAMI, FL 33134		7. Name and Address of New Registered Agent Name: EDWIN LEIVA Street Address (If O New Number is Not Applicable) 17351 SW 290 ST City: Homestead FL 33030	
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: 		04/04/06	
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	CRUZ, ARGELIO	NAME	
STREET ADDRESS	17351 SW 290 STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD, FL 33030	CITY-STATE-ZIP	
TITLE	NAME	TITLE	NAME
NAME	LEIVA, EDWIN	NAME	
STREET ADDRESS	17351 SW 290 STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD, FL 33030	CITY-STATE-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	Zunilda, Cruz
STREET ADDRESS		STREET ADDRESS	17351 SW 290 street
CITY-STATE-ZIP		CITY-STATE-ZIP	Homestead, FL 33030
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. 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 checked 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 appointed 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 another like empowered.			
SIGNATURE: 		04/04/06	

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