2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPE

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 15, 2006 8:00 am Secretary of State 09-15-2006 90001 008 ***160.75 DOCUMENT # P05000109247 1. Entity Name MOTOREX PLUS INC Principal Place of Business Mailing Address 40104203 210-71ST ST., SUITE 311 210-71ST ST., SUITE 311 MIAMI BCH, FL 33141 MIAMI BCH, FL 33141 2. Principal Place of Business 3. Mailing Address PO BOX 13068 Suite, Apt. #, etc. Suite, Apt. #, etc. 08312006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3272734 MIAMI, FL Not Applicable Zip Zip33101-9998 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J&S LAW OFFICE ORESTE, GELABERT Street Address (P.O. Box Number is Not Acceptable) 210-71ST ST., SUITE 311 MIAMI BCH, FL 33141 300 71 TH ST SUITE 301 City MIAMI BEACH purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ned name of registered agent a ie if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 K Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD De lete TITLE ☐ Change M Addition Title ORESTE, GELABERT NAME NAME 210-71ST ST., SUITE 311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CANALE LETICIA N NAME NAME STREET ADDRESS 210-71ST ST., SUITE 311 STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33141 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME NICOLAS GELABERT STREET ADDRESS STREET ADDRESS SECRETARY CJTY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment n all other like empowered.

FILED

ATTACHMENT

40104203.

September 11, 2006

Division of Corporations PO Box 1500 Tallahassee, Fl 32302-1500

REF: MOTOREX PLUS INC 300 71TH ST STE#301 Document # P05000109247

TO WHOW IT MAY CONCERN

Please be advised that we never received a certificate of renovation for the Corporation above mentioned, for this reason is forbid to pay the penalty. We are sending a Money order for \$160 pay the renovation of the corporation.

Sincerely;

Motorex Plus Inc.

PD.