


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90019 040 \*\*\*150.00

<b>DOCUMENT # P05000109247</b>	
1. Entity Name <b>MOTOREX PLUS INC</b>	

Principal Place of Business <b>210-71ST ST., SUITE 311 MIAMI BCH, FL 33141</b>	Mailing Address <b>P O BOX 13068 MIAMI, FL 33101</b>
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**40057361**



2. Principal Place of Business - No P.O. Box # <b>147 NE 21 ST.</b>	3. Mailing Address <b>147 NE 24 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02072007 Chg-P CR2E034 (12/06)

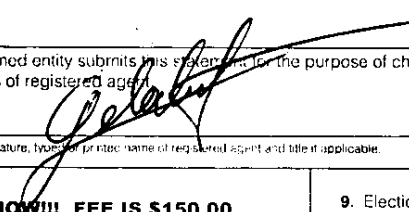
City & State <b>MIAMI FL.</b>	City & State <b>MIAMI FL.</b>
Zip <b>33137</b>	Country <b>DADE</b>

4. FEI Number <b>20-3272734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>J &amp; S LAW OFFICE 300 71TH ST SUITE 301 MIAMI BCH, FL 33141</b>	
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7. Name and Address of New Registered Agent Name <b>ORESTE GELABERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>147 NE 21 ST.</b> City <b>MIAMI</b> FL Zip Code <b>33137</b>	
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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  DATE **04/01/07**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

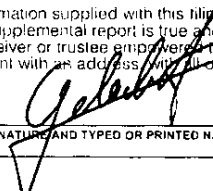
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORESTE, GELABERT 210-71ST ST., SUITE 311 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CANALE, LETICIA N 210-71ST ST., SUITE 311 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELABERT, NICOLAS 210-71ST ST., SUITE 311 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, my full other like empowered.

SIGNATURE:  DATE **04/01/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR