

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # P05000125519 1. Entity Name LTM MOTOR GROUP, INC. | | | | | |
| Principal Place of Business 7591 N.W. 54 STREET MIAMI, FL 33166 | | | Mailing Address 7591 N.W. 54 STREET MIAMI, FL 33166 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-3574406 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEEDS, SCOTT W 2400 S. DIXIE HWY 100 MIAMI, FL 33133 | | | | 7. Name and Address of New Registered Agent Name Vennis Graham Street Address (P.O. Box Number is Not Acceptable) 986 NW 10 STREET City Hallandale FL Zip Code 33009 | |
| 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 <u>Vennis Graham</u> November 21, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D LEEDS, SCOTT W 2400 S. DIXIE HWY MIAMI, FL 33133 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
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| 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, with all other like empowered. | | | | | |
| SIGNATURE: <u>Vennis Graham</u> VENNIS GRAHM NOVEMBER 21, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

FILED

08:04:26 PM 12:29

CLERK OF STATE
TALLAHASSEE, FLORIDA



11212008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

8.75 Additional Fee Required

Name
Vennis Graham
Street Address (P.O. Box Number is Not Acceptable)
986 NW 10 STREET
City
Hallandale FL Zip Code
33009

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10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|-----------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S/D Vennis Graham 986 NW 10 Street Hallandale, FL 33009 | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400138284434 11/26/08--01025--007 **\$61.25 | Change Addition |
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