

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000004217

FILED
May 04, 2009
Secretary of State**Entity Name:** EVERYBODY RIDES MOTORS, INC.**Current Principal Place of Business:**8546 N. DALE MABRY HWY
TAMPA, FL 33614 US**New Principal Place of Business:****Current Mailing Address:**8840 N. HIMES AVE.
TAMPA, FL 33614 US**New Mailing Address:****FEI Number:** 20-8204612**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MALOUF, THOMAS H JR
8840 N. HIMES AVE.
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALOUF, THOMAS H JR.
Address: 8840 N. HIMES AVE
City-St-Zip: TAMPA, FL 33614 US

Title: V (X) Delete
Name: MALOUF, THOMAS H SR.
Address: 3115 MOSSVALE LANE
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS H MALOUF JR

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date