

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1/31/2008-90020-010-\$158.75-\$158.75

DOCUMENT # P07000038721 1. Entity Name MOTOR CORNER INC.				 FILED 08 MAR 24 AM 8:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4851 N.W. 103 AVENUE SUITE 44-G SUNRISE, FL 33351		Mailing Address 4851 N.W. 103 AVENUE SUITE 44-G SUNRISE, FL 33351			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01242008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number	
Zip Country		Zip Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAN, YASMIN M 4851 NW 103 AVE SUITE 44-G SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	D MAQSOOD, WASEEM ☐ Delete 11470 W SAMPLE RD CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4851 NW 103 AVE (STE # 44-G) SUNRISE, FL 33351	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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, with all other like empowered.					
SIGNATURE: <u>MAQSOOD WASEEM</u> WASEEM MAQSOOD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1-28-08</u> Daytime Phone #: <u>954-973-5393</u>		