

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000005048

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: MCMOTORCYCLEPARTS INC.

**Current Principal Place of Business:**

2724 SW 32ND STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2724 SW 32ND STREET  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 27-1770424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHERRELL, MALCOLM  
2724 SW 32ND STREET  
CAPE CORAL, FL 33914 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: D/P  
Name: CHERRELL, MALCOLM  
Address: 2724 SW 32ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: S  
Name: CHERRELL, MALCOLM  
Address: 2724 SW 32ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: DVP  
Name: CHERRELL, PATRICIA  
Address: 2724 SW 32ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: T  
Name: CHERRELL, PATRICIA  
Address: 2724 SW 32ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: MALCOLM CHERRELL

D/P

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date