


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90445 041 \*\*\*150.00

<b>DOCUMENT # P93000017074</b> 1. Entity Name <b>MALIBU MOTORS OF THE PALM BEACHES, INC.</b>					
Principal Place of Business <b>4717 GEORGIA AVE WEST PALM BEACH, FL 33405</b>			Mailing Address <b>4717 GEORGIA AVE WEST PALM BEACH, FL 33405</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>65-0475480</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIES, FRED 4717 GEORGIA AVE WEST PALM BEACH, FL 33405</b>				7. Name and Address of New Registered Agent Name <b>Laurie Ries</b> Street Address (P.O. Box Number is Not Acceptable) <b>4717 GEORGIA AVE</b> City <b>West Palm Bch FL</b> Zip Code <b>33405</b>	
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 <i>Laurie Ries</i> <b>Laurie Ries</b> DATE <b>4/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIES, FRED 4717 GEORGIA AVE WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIES, LAURIE 4717 GEORGIA AVE WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: <i>Laurie Ries</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/26/07 (561) 835-1755 <small>Date Daytime Phone #</small>		