2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 08:00 AN DOCUMENT # P93000028913 **Secretary of State** INTERMOTORS ENTERPRISES, INC. Principal Place of Business Mailing Address 7068 SW 4TH ST 7068 SW 4TH ST MAMI, FL 33144 MIAMI, FL 33144 01122007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0406938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUERTO, JOSE R DO NOT WRITE 6540 SW 26TH ST MIAMI, FL 33155 IN THIS SPACE 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 Signature, typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent algebrase required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PUERTO, JOSE R STREET ADDRESS 6540 SW 26TH ST CRY-ST-ZIP MIAMI, FL 33155 nne NAME PUERTO, DAISY I STREET ADDRESS 6540 SW 26TH ST Cary-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-EP IN THIS SPACE HILE RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-7IP 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 the sind accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee employered 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. 1-12-2007

FILED

Daytime Phone #

TO NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: