


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90133 046 ***150.00

DOCUMENT # P94000085219		
1. Entity Name D. MOTORS, INC.		

Principal Place of Business 2473 NW 143 ST OPA LOCKA, FL 33054	Mailing Address 9530 WEST HEATHER LN MIRAMAR, FL 33025
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2. Principal Place of Business	3. Mailing Address <i>2473 NW 143 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>OPA LOCKA FLA</i>
Zip	Zip <i>33054</i>
Country	Country <i>DADE</i>

14016007



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0540792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEWART, SAMANTHA 518 NW 102 ST. MIAMI, FL 33150	7. Name and Address of New Registered Agent Name <i>MARLENE COX</i> Street Address (P.O. Box Number is Not Acceptable) <i>3291 NW 42 Ave</i> City <i>FT LAUDERDALE</i> FL Zip Code <i>33330</i>
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, DONALD R 9530 WEST HEATHER LN MIRAMAR, FL 33025 <input 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	VP STEWART, EMMEUD 2201 SHERMAN CIR S. MIRAMAR, FL 33025 <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 DUNCAN, DEON 9530 WEST HEATHER LN MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>COX MARLENE</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>3291 NW 42 Ave</i> <i>FT LAUDERDALE FL 33330</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEWART, SAMANTHA 518 NW 102 ST. MIAMI, FL 33150 <input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 4-25-05 30769-7007
Date Daytime Phone #