

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 027 ***150.00

DOCUMENT # P94000085219

1. Entity Name
D. MOTORS, INC.



Principal Place of Business
**2473 NW 143 ST
OPA LOCKA, FL 33054**

Mailing Address
**2473 NW 143 STREET
OPA LOCKA, FL 33054**



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0540792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COX, MARLENE
3291 NW 4TH AVE.
FORT LAUDERDALE, FL 33330**

**DO NOT WRITE
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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **STEWART, DONALD R**
STREET ADDRESS **4530 WEST HEATHER LN**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE **D**
NAME **COX, MARLENE**
STREET ADDRESS **3291 NW 42 AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33330**

TITLE **ST**
NAME **STEWART, SAMANTHA**
STREET ADDRESS **518 NW 102 ST.**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE **P**
NAME **STEWART, DONALD R**
STREET ADDRESS **6111 WASHINGTON ST APT #204**
CITY-ST-ZIP **HOLLYWOOD FL 33022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 **2041723**
Date Daytime Phone