

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90012 039 \*\*\*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**

90012000



**DO NOT WRITE IN THIS SPACE**

03042007 No Chg-P CR2E034 (11/05)

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, 2007 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	MIAMI, 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 33023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6111 Washington St #204  
HOLLYWOOD FL 33023

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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

4-16-07 754 244-1745  
Date Daytime Phone #