2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P94000085219

Entity Name: D. MOTORS, INC.

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

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

FEI Number: 65-0540792   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COX, MARLENE 3291 NW 4TH AVE. FORT LAUDERDALE, FL 33330 US	

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P ( ) Delete Name: STEWART, DONALD R Address: 6111 WASHINTON STREET #204 City-St-Zip: MIRAMAR, FL 33025	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: COX, MARLENE Address: 3291 NW 42 AVE City-St-Zip: FORT LAUDERDALE, FL 33330	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: ST ( ) Delete Name: STEWART, SAMANTHA Address: 518 NW 102 ST. City-St-Zip: MIAMI, FL 33150	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: P ( ) Delete Name: STEWART, DONALD R Address: 6111 WASHINGTON ST APT #204 City-St-Zip: HOLLYWOOD, FL 33023	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE COX   P   04/30/2009

Electronic Signature of Signing Officer or Director   Date