2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000012005 04-29-2005 90196 003 ***150.00 1. Entity Name MOTO AMERICA, INC. 40069020 Principal Place of Business Mailing Address 16251 NW 57TH AVE 16251 NW 57TH AVE MIAMI, FL 33014 US MIAMI, FL 33014 US 2. Principal Place of Business 3. Mailing Address 84 ST. $\sum_{i} \int_{\mathbb{R}^{n}} \left(\int_{\mathbb{R$ 2760 4 Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number 10 65-0555771 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROOKS, PAUL C Street Address (P.O. Box Number is Not Acceptable) 4160 W 16TH AVE, 210 HIALEAH, FL 33012 City Zip Code FL 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 regulated when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete BROOKS, PAUL C. NAME NAME STREET ADDRESS STREET ADDRESS 14460 GLEN CAIRN RD MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accorded 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 reaction or the reaction 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 a lattice in the empowered to execute this report is 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 a lattice in the empowered to execute the execute that it is not to be a supplemental report is true and execute that the information indicated on this report or supplemental report is true and execute that the information of the execute that the information indicated on this report or supplemental report is true and execute that the information indicated on this report or supplemental report is true and execute that the information indicated on the execute that the information indicated on the execute that the information is the execute that the execute the execute the execute that the information is the execute that the execute that the execute the execute the execute the execute that the execute the execute the execute the execute the execute the exe SIGNATURE:

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Apr 29, 2005 8:00 am Secretary of State