


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000016565</b>		
1. Entity Name <b>M E P MOTORS, INC.</b>		
Principal Place of Business <b>8580 NW 56 STREET MIAMI, FL 33166</b>		Mailing Address <b>8580 NW 56 STREET MIAMI, FL 33166</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, LAZARO 8580 NW 56 STREET MIAMI, FL 33166</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	<b>DPTS</b>	
NAME	<b>FERNANDEZ, LAZARO</b>	
STREET ADDRESS	<b>8580 NW 56TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 filers empowered.		
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/25/06 (305) 803-1001</b> <small>Date Daytime Phone #</small>



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0576445**

Applied For
Not Applicable

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

U00000544591  
05/11/06-80042-008 150.00