2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Mar 12, 2004 8:00 an Secretary of State	1
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DOCUMENT # P95000032734 UNITED MOTORS INC. OF MIAMI Principal Place of Business Mailing Address 54017027 2695 NW 7 AVE 260 NW 97 ST MIAMI, FL 33127 MIAMI, FL 33150 2. Principal Place of Business 3. Mailing Address Suite: Apt. #Fetc. -Sürte Apt. # etc. Chg-P CR2E034 (10/03) 03092004 City & State City & State 4. FEI Number Applied For 65-0575375 Not Applicable Zip Country Zip 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 ROSARIO, ROMAN Street Address (P.O. Box Number is Not Acceptable) 260 NW 97 ST MIAMI, FL 33150 Zip Code 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 reinstailing) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition Delete ROSARIO, ROMAN NAME NAME STREET ADDRESS 260 NW 97 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 CITY-ST-ZIP TITLE ☐ Defete 1171.5 Change Addition ROMAN, ALEX J NAME NAME STREET ADDRESS 260 NW 97TH ST STREET ADDRESS MIAMI, FL 33150 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP** CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurate and that my signature shall have the same logal 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:

Caylime Phone #

Date