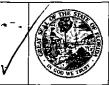
## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9500080971

1. Entity Name DOUBLE N'MOTOR COMPANY, INC.



## Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90283 010 \*\*\*150.00

DO N	IOT WRITE	IN THIS S	PACE		90066241
2. Principal Place of Business 2090 S. NoVA Rd  Suite, Apt. #, etc. A 109		3. Mailing Address 309 PowerLine Rd Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE
South DAYTONA F2		New Smyrna Bch F2			4. FEI Number   Applied For   59-0431863   Not Applicable
32119	VOLUSIA	32168	Country VOLUS	ia	5. Certificate of Status Desired See Required Fee Required
and the second s	O NOT W N THIS SP		Stree 2	Pet Address (I	7. Name and Address of Current Registered Agent  IDAN, NOUHA  (PO. Box Number is Not Acceptable)  S.NOVARO  TOUTONOLER 1  Zip Code 9
		the purpose of changing i	CRE48Enderson Tobalistics >		ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of regis	ound Ze	dan and title if applicable.	Mont	gnature required	2 3.27-03 ed when reinstating) DATE
After May Amended Make Check Payable to	lay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 5 Florida Department of	Service Control of the Control of th			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE PST CONTINUE NAME NOU STREET ADDRESS 2090 CITY-ST-ZIP S. DO	officers and hamzeigham Zeigham S. NOVAR y Tona FL	dan ed	TITLE NAME STREET AUDRE CITY-ST-239	SS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRE CITY - ST-ZIP	SS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRE CITY-ST-ZIP	25.	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRE GITY-SI-ZIP	SS	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET ADDRE CITY-ST-ZIP	SSS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRE CITY-ST-ZIP	ss	

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jouha Zeidan 3-270