


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90054 033 ***150.00

DOCUMENT # P98000028779 1. Entity Name VEVE MOTORS, INC.					
Principal Place of Business 14438 CONGRESS ST ORLANDO, FL 32826			Mailing Address 5035 PALM AVE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # 18730 EAST Colonial DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State ORLANDO - FL		City & State		4. FEI Number 65-0830552	
Zip 32820		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSCAN, LUIS M 415 S NORTH LAKE BLVD #2095 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name BOSCAN, LUIS M Street Address (P.O. Box Number is Not Acceptable) 2231 SAW PALMETTO LN #101 City ORLANDO FL Zip Code 32828	
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 required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOSCAN, LUIS MIGUEL 14430 CONGRESS ST ORLANDO, FL 32826		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOSCAN, LUIS M. 2231 SAW PALMETTO LN. #101 ORLANDO, FL. 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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 like empowered.					
SIGNATURE: Luis Miguel Boscan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04-06-07 Daytime Phone # 407-952-8822		