

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90388 014 ***158.75

DOCUMENT # P99000008600

1. Entity Name
DELUXE MOTORS, INC.



Principal Place of Business
301 N.W. 79TH STREET
MIAMI, FL 33150

Mailing Address
301 N.W. 79TH STREET
MIAMI, FL 33150

2. Principal Place of Business
416 NW 79th St
Suite, Apt. #, etc.

3. Mailing Address
416 NW 79th St.
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33150
Country
USA

City & State
Miami FL
Zip
33150
Country
USA

04192006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0891042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUEVARA, RIGOBERTO
13486 S.W. 22ND STREET
HOLLYWOOD, FL 33027

7. Name and Address of New Registered Agent

Name Rigoberto Guevara

Street Address (P.O. Box Number is Not Acceptable)

15974 SW 14 St.

City City Zip Code
Pembroke Pines FL 33027

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 reinstating)

DATE

4/20/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME GUEVARA, RIGOBERTO
STREET ADDRESS 13486 SW 22ND STREET
CITY- ST- ZIP HOLLYWOOD, FL 33027

☐ Delete

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CITY- ST- ZIP

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME Rigoberto Guevara
STREET ADDRESS 15974 SW 14 ST
CITY- ST- ZIP Pembroke Pines FL 33027

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ 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 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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 (305) 756 5242

Date

Daytime Phone #