2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

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1. Entity Name
MUNRO MOTORS, INC.

U00000558449
05/17/06-80095-003 158.75

04282006 No Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
2301 W. COLUMBUS DRIVE TAMPA, FL 33607 US	2301 W. COLUMBUS DRIVE TAMPA, FL 33607 US

4. FEI Number
59-3588865
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEARNE, OLGA B
2301 W. COLUMBUS DRIVE
TAMPA, FL 33607

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

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	P
NAME	HEARNE, OLGA B
STREET ADDRESS	934 JERRY SMITH RD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	V
NAME	RODRIGUEZ, JORGE E
STREET ADDRESS	2328 W LA SALLE ST
CITY-ST-ZIP	TAMPA, FL 336075330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 blank, as an officer or director, with all other like empowered.

SIGNATURE: Jorge E Rodriguez 04-28-06 870-2625
(SIGNATURE OF, AND TYPED OR PRINTED NAME OF, SUBMITTING OFFICER OR DIRECTOR) Date Daytime Phone #