


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 JUN 15 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P99000096026 |  |
| 1. Entity Name DILLIGAF MOTORCYCLES, INC. | |

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|---|---|
| Principal Place of Business 201 S BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131 | Mailing Address 201 S BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131 |
|---|---|

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



05222006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0971875 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICE, LLC 201 S BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|------|-------------------------|--|----------------|-----------------------------------|--|-------------|-----------------|--|--|-------|--|---|------|--|--|----------------|--------------|--|-------------|--------------------------------|--|
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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: <i>Maya Castiglione</i> | 6/8/06 | 305-371-8585 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |