

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000100175**

1. Entity Name

MOTION MACHINE SHOP, INC.



Principal Place of Business

10010 NW 80 AVE  
HIALEAH FL 33016

Mailing Address

10010 NW 80 AVE  
HIALEAH FL 33016



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0961073

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTRADA, JORGE  
4385 S.W. 116TH AVENUE  
MIAMI FL 33165

Name

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

City

FL

Zip Code

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | ESTRADA, JORGE         |                                 |
| STREET ADDRESS | 4385 S.W. 116TH AVENUE |                                 |
| CITY- ST- ZIP  | MIAMI FL 33165         |                                 |
| TITLE          | VPD                    | <input type="checkbox"/> Delete |
| NAME           | MORALES, LILIAN        |                                 |
| STREET ADDRESS | 4385 S.W. 116TH AVENUE |                                 |
| CITY- ST- ZIP  | MIAMI FL 33165         |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY- ST- ZIP  |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY- ST- ZIP  |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY- ST- ZIP  |                        |                                 |

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

U00000405918  
02/07/06-80057-018 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Liliana Morales*

124-06 3053644344