## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 02, 2006 8:00 am Secretary of State

1. Entity Nam	MENT #S19937 O MOTOR COMPANY, IN	C.				02-02-2006 \$	90080 027 ***15	0.00
Principal Place of Business 201 WEST STATE ROAD 84 FORT LAUDERDALE, FL 33315		Mailing Address 201 WEST STATE ROAD 84 FORT LAUDERDALE, FL 33315			·.			
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number Applied For 65-0233229 Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired			ditional
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New R		
PETRILLO, JOSEPH 10960 SW 40TH CT DAVIE, FL 33328			Street Address (P.O. Box Number is Not Acceptable)					
DAVIL, I L	. 00020			City	-		FL Zip Coo	le
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing (	ts register	ed office or register	red agent, or both	, in the State of Flo	· — .	and accept
SIGNATURE	Signature, typed or printed name of registered age	ani and title if applicable. (NC	OTE: Registere	ed Agent signature required	d when reinstaling)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Co	•		.00 May Be led to Fees			
	<del></del>	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D PETRILLO, JOSEPH 10960 SW 40TH CT DAVIE, FL	☐ Delete		- 1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETRILLO, ANTHONY 10960 SW 40TH CT DAVIE, FL	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	_	<b>I</b>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STR	E			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition .
indicated of the cor changed,	certify that the information supplied won this report or supplemental report poration or the receiver or trustee en or on an attachment with an address	t is true and accurate and that powered to execute this repo	t my signa rt as requ	iture shall have the sired by Chapter 607	same legal effect 7, Florida Statutes	as if made under o ; and that my name	path; that I am an officer e appears in Block 10 o	or director
SIGNAT	URE: X MUST	PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR 18	runo ×	1-26 Date	Daytime Phone #	