

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90224 046 ***150.00

DOCUMENT # S19937

1. Entity Name
PETRILLO MOTOR COMPANY, INC.



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 Place of Business - No P.O. Box #
829 NE 1ST AVE

3. Mailing Address
829 NE 1ST AVE

Suite, Apt. #, etc.
BAY # 1

Suite, Apt. #, etc.
BAY # 1

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33304

Country
USA

Zip
33304

Country
USA

04192007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0233229

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETRILLO, JOSEPH
10960 SW 40TH CT
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name
ANTHONY PETRILLO

Street Address (P.O. Box Number is Not Acceptable)
10960 SW 40TH CT

City
DAVIE

FL Zip Code
33328

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 *Anthony Petrillo*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PETRILLO, JOSEPH
10960 SW 40TH CT
DAVIE, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PETRILLO, ANTHONY
10960 SW 40TH CT
DAVIE, FL ☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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☐ 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: *Anthony Petrillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07
Date Daytime Phone #