


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S95667	
1. Entity Name U.S. AIRMOTIVE, INC.	

Principal Place of Business 5439 NW 36 ST MIAMI, FL 33166	Mailing Address 5439 NW 36 ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0311622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRUSZEWSKI, ANTHONY E 5439 NW 36 ST MIAMI, FL 33166
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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.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRUSZEWSKI, ANTHONY E. 5439 NW 36 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRUSZEWSKI, ROSE 5439 NW 36 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KRUSZEWSKI, JOHN 5439 NW 36 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80055-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOHN KRUSZEWSKI 4/25/05 305-885-4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #