2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90144 046 ***150.00

DOCUMENT # V03345

1. Entity Name
ROADSIDE MOTOR CLUB INC.

Principal Place of Business	Mailing Address
500 NW 165TH STREET SUITE 202 MIAMI, FL 33169-6306 US	500 NW 165TH STREET SUITE 202 MIAMI, FL 33169-6306 US

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16440 NE 29 Ave	16440 NE 29 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NMB Fl	City & State: NMB, Fl
Zip: 33160 Country: US	Zip: 33160 Country: US

4. FEI Number 65-0303987 ☐ 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
FISCHER, MURRAY 500 NW 165 ST RD STE 202 MIAMI, FL 33169	Name: Fischer Murray Street Address (P.O. Box Number is Not Acceptable): 16440 NE 29 Ave City: NMB FL Zip Code: 33160

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] Signature, typed or printed name of registered agent and title if applicable. [signature] (NOTE: Registered Agent signature required when reinstating) 4-7-05 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FISCHER, MURRAY		NAME	
STREET ADDRESS	500 N.W. 165 ST RD SUITE 202		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	
TITLE	VP	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CHARLOTTE		NAME	
STREET ADDRESS	560 N.W. 137 ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-7-05 Date 3059486911 Daytime Phone #