## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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## May 02, 2005 8:00 am Secretary of State **DOCUMENT # L03000004933** 1. Entity Name AMERICAS TRUCK AND EQUIPMENT, LLC 05-02-2005 90127 023 \*\*\*\*50.00 Principal Place of Business Mailing Address 15151 WEST DIXE HWY. 15151 WEST DIXE HWY. NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 43-1997096 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUME, JOHN **HUME & JOHNSON P.A.** Street Address (P.O. Box Number is Not Acceptable) 1401 UNIVERSITY DRIVE, STE. 301 CORAL SPRINGS, FL 33071 City 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 reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE Delete TITLE Change . Addition Р NAME NOVDA, FRANCISCO NAME ALFREDO PERNAS STREET ADDRESS 15151 WEST DIXIE HWY STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 CITY+ST-7IP 15151 West Dixie Hwy North Miami Beach, Fl 33162 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with indicated on this report is true and accurate a limited liability company or the receiver or try te this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the see impowered to execute this report as required by Chapter 608, Florida Statutes.

EDWAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**