## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 07, 2004 08:00 AM Secretary of State DOCUMENT # P01000072879 1. Entity Name GH TRUCKS AND EQUIPMENT, INC. Principal Place of Business Mailing Address 701 BRICKELL AVE., SUITE 3000 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 MIAMI, FL 33131 06242004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1141023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION DO NOT WRITE 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 IN THIS SPACE 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 Sonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. П Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE DPT RODRIGUEZ, IGNACIO G NAME STREET ADDRESS 701 BRICKELL AVE STE 3000 U00000163756 U7/U7/04-80015-010 150.00 CITY-ST-ZIP MIAMI, FL 33131 s TITLE NAME LESAGE, DARRELL R STREET ADDRESS 701 BRICKELL AVE STE 3000 CITY - ST- ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP T)T).E NAME

12. I hereby certify that the information supplied with this filling 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 empowed 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 addr

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

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