2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P02000055956 1. Entity Name UTILITY TRUCK OF AMERICA, CORP.							04-29-2	2004 90213 003 **	*150.00	
Principal Place HUNTINGTON 3450 LAKESI MIRAMAR, FL	i square # Ide dr. sui	2	3450 LAKESIDE DR.	Mailing Address HUNTINGTON SQUARE #2 3450 LAKESIDE DR. SUITE 330 MIRAMAR, FL 33027			Fallo (1211 Ba ith Ba ill a	9404072		
2. Principal Pl 3 100 L Suite, Apt.	- 4Kes			3. Mailing Address 3 400 LAKES (DE DL Suite, Apt. #, etc.						
	02		102	102			Chg-P	CR2E034 (10/03)		
City & State MINAMAN FL		City & State MINAMAN	h	<u>.</u>	4. FEI Numbe 03-047		<u> </u>	oplied For ot Applicable		
330 r	7	Country	33027	Country	<u></u>	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name	and Address of Curre	nt Registered Agent			7. Name and	Address of New	Registered Agent		
WERBA, DANIEL A						Name WERBA, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 3 400 CARES (DR. DR.				
					City EI Zig Code					
6 The observe	named sati	si submite this statemen	t for the purpose of the relies	Ma co o interes	MILA	MAL	th in the Class of F	<u> </u>	027	
the obligat	named entitions of regis	y submits this statemen fered agent.	t for the purpose of changing	rits registered	Office of teg	gistered agent, or bo	in, in the State of F	iorida. Tam tamiliar with	, and accept	
SIGNATURE_	Signature, typed	or printed name of registered ag	ent and title if applicable. ()	NOTE: Degistered Ap	gent signature re	equired when reinstating)	P. (B. P. L.)	4/28/04 DATE		
		FEE IS \$150.00 4 Fee will be \$55			ng	\$5.00 May Be Added to Fees				
10.		OFFICERS A	ND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERBA, 912 NE 2 HALLANI		⊠ Delete	TITLE NAME STREET A CITY-ST	VDDRESS 3'	JERBA, DO 400 CAKE MLAMAN	aniel on	102 33027	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERBA, 1301 NE N. MIAMI		Ş Deiete	TITLE NAME STREET / CITY-ST	ADDRESS 3		Riel les ide M	风 Change へ 10 2 33 027	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	TITLE THAME STREET F	ADDRESS	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS - ZIP			☐ Change	☐ Addition	

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 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:

CDANIEL WORDS, Pres

4/28/04

9544991925

Daytime Phone #