2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90109 024 ***150.00

DOCUMENT # P02000062827

1. Entity Name
TRUCK & EQUIPMENT SOLUTION CORP.

Principal Place of Business	Mailing Address
1014 WEST 51 PALCE HIALEAH, FL 33012	1014 WEST 51 PALCE HIALEAH, FL 33012

60026477

03222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6520 West 27 Court	6520 West 27 Court
Suite, Apt. #, etc. Apt. 13	Suite, Apt. #, etc. Apt. 13
City & State Hialeah FL	City & State Hialeah FL
Zip 33016 Country USA	Zip 33016 Country USA

4. FEI Number 04-3682552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ABELARDO
1014 WEST 51 PALCE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name Martinez Abelardo
Street Address (P.O. Box Number is Not Acceptable)
6520 West 27 Court #13
City Hialeah FL Zip Code 33016

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] Abelardo Martinez President 4-5-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, ABELARDO 1014 WEST 51 PALCE HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Abelardo 6520 West 27 Court #13 Hialeah, FL 33016	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Abelardo Martinez 4-5-06 786-423-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #