


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000113843
 1. Entity Name
S. NORTH AMERICAN LIFT TRUCK, INC.



FILED
 03 OCT 22 PM 1:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5830 SW 93RD COURT <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5830 SW 93RD COURT <small>Suite, Apt. #, etc.</small>	
City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33173	Country US	Zip 33173	Country US

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

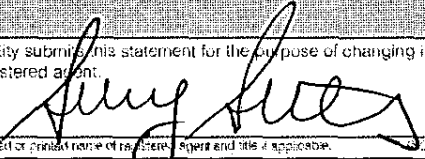
7. Name and Address of Current Registered Agent

Name **SURY NIEVES**

Street Address (P.O. Box Number is Not Acceptable)
5830 SW 93RD COURT

City **MIAMI** FL Zip Code **33173**

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  DATE **10/20/03**

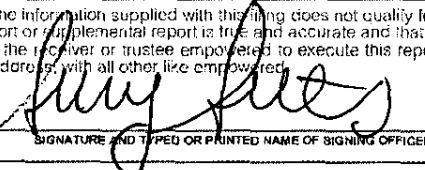
Signature, typed or printed name of registered agent and title, if applicable. DATE: Registered Agent signature required when re-registering.

January 1 - May 1: Fee is \$160.00
 After May 1: Fee is \$350.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P/D) SURY NIEVES 5830 SW 93RD COURT MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400024222654 10/29/03--01008--026 **300.00
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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 on an attachment with an address, with all other live employees.

SIGNATURE:  DATE **10/20/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/02)

JK

S. NORTH AMERICAN LIFT TRUCK, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

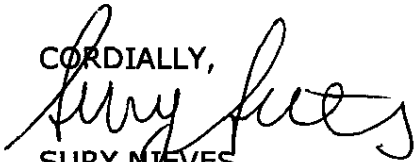
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



SURY NIEVES
PRESIDENT