

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024627

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** ATLANTIC FORKLIFT & PARTS, INC.

**Current Principal Place of Business:**

1035 S.E. 9TH CT.  
HIALEAH, FL 33010

**New Principal Place of Business:**

1015 S.E. 9TH CT.  
HIALEAH, FL 33010

**Current Mailing Address:**

1035 S.E. 9TH CT.  
HIALEAH, FL 33010

**New Mailing Address:**

1015 S.E. 9TH CT.  
HIALEAH, FL 33010

**FEI Number:** 51-0627026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JARAMILLO, ROBIN  
5500 SW 87 ST  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JARAMILLO, ROBIN  
Address: 5500 SW 87 ST  
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN JARAMILLO

PRES

02/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date