2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P930000036132

1. Entity Name

FORKLIFT SALES & EXPORT, INC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

9092 NW SOUTH RIVER DR

#58

MEDLEY, FL 33166 US

Mailing Address

9092 NW SOUTH RIVER DR

#58

DO NOT WRITE IN THIS SPACE

MEDLEY, FL 33166 US



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0384681

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO, ORLANDO 9092 NW SOUTH RIVER DR #58 MEDLEY, FL 33166

DO NOT WRITE IN THIS SPACE

,						
8. The above the obligat	named entity submits this statement for the plans of registered agent	ourpose of changing its registere	ed office or ri	egistered agent, or bo	oth, in the State of Florida. I am fami	liar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and fille	f applicable (NOTE: Registered	1 Agent signature	required when reinstating)	DATE	·
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, ORLANDO 9092 NW SOUTH RIVER DR MEDLEY, FL 33166					150.00
TITLE NAMF STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME. STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE	
TITLE						

12. Thereby 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 required 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 repetiver 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:

STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED I

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

36788-0768