

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006389

Entity Name: MR. LIFT TRUCK, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

10450 SW 187 TERRACE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

10450 SW 187 TERRACE
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 65-0463740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, DONALD E MR.
13821 SW 153 AVENUE
MIAMI, FL 33196 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WOODS, DONALD E
Address: 13821 SW 153RD AVENUE
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: WOODS, GREG
Address: 8093 SW 186 ST
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: WOODS, DONNY
Address: 27823 SW 172 PL
City-St-Zip: HOMESTEAD, FL 33031

Title: ST () Delete
Name: WOODS, DONALD E
Address: 13821 S.W. 153 AVE.
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WOODS, DONNY R
Address: 27823 SW 172 PL
City-St-Zip: HOMESTEAD, FL 33031

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD E WOODS

DP

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date