

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G20932 1. Entity Name OCEAN TRUCK SALES CORPORATION						FILED 04 MAY 27 AM 10:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2925 NW 36TH ST. MIAMI, FL 33142				Mailing Address 2925 NW 36TH ST. MIAMI, FL 33142			
2. Principal Place of Business Suite, Apt. #, etc. SAME				3. Mailing Address Suite, Apt. #, etc. SAME			
City & State SAME				City & State SAME			
Zip SAME		Country SAME		56212004 Chg-P CR2E034 (10/03)		4. FEI Number 59-2305819	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent BALIU, HONORATO 18051 BISCAYNE BLVD, TOWER #1 APT #1601 AVENTURA, FL 33160				7. Name and Address of New Registered Agent Name ESTEBAN PADRON Street Address (P.O. Box Number is Not Acceptable) 4319 W 9TH CT. City HALEAH FL Zip Code 33012			
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 <i>Esteban Padron</i>				DATE 05-21-2004			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD NAME PADRON, ESTEBAN <input type="checkbox"/> Delete STREET ADDRESS 4319 W 9 CT CITY-ST-ZIP HIALEAH, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE TD NAME BALIU, INES <input checked="" type="checkbox"/> Delete STREET ADDRESS 6250 N W 113 TERRACE CITY-ST-ZIP HIALEAH, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Esteban Padron</i>				DATE 05-21-2004			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			