

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90037 018 ***150.00

DOCUMENT # G20932

1. Entity Name

OCEAN TRUCK SALES CORPORATION



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

2915 N.W. 36 ST.

Suite, Apt. #, etc.

3. Mailing Address

2915 N.W. 36 ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2305819

Applied For

Not Applicable

Zip

33142

Country

MIAMI-DADE

Zip

33142

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADROW, ESTEBAN
4319 W. 9TH COURT
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **PADRON ESTEBAN**

Street Address (P.O. Box Number is Not Acceptable)

4319 W. 9 CT.

City

HIALEAH

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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 **PD** ☐ Delete
NAME **PADRON, ESTEBAN**
STREET ADDRESS **4319 W 9 CT**
CITY-ST-ZIP **HIALEAH FL**

TITLE **TD** ☐ Delete
NAME **PADROW, MERICIA**
STREET ADDRESS **4319 W. 9TH COURT**
CITY-ST-ZIP **HIALEAH FL**

TITLE **D** ☐ Delete
NAME **PADROW, STEVEN**
STREET ADDRESS **4319 W. 9TH COURT**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PADRON MERICIA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PADRON STEVEN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Esteban Padron

ESTEBAN PADRON PD.

03/16/05

305-638-8932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #