

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # 301017 1. Entity Name CENTRAL TRUCK SALES, INC.					
Principal Place of Business 2520 N W 36TH STREET MIAMI FL 33142			Mailing Address 2520 N W 36TH STREET MIAMI FL 33142		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1112412 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, GUILLERMO A. 2520 NW 36TH ST MIAMI FL 33142				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when restate(s)) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BETANCOURT, JOSE P. 13716-1 SW 149TH CIR LN, COUNTRY WALK MIAMI FL 33186	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPO LOPEZ, GUILLERMO A. 1179 NE 182ND ST. N MIAMI BEACH FL 33162	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LOPEZ, GUILLERMO A. 1179 NE 182ND ST. N MIAMI BEACH FL 33162	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____				1/31/06 305.634-2968	