

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90504 029 \*\*\*150.00



**DOCUMENT # 433194**  
1. Entity Name  
**COACH & TRUCK, INC.**

Principal Place of Business      Mailing Address  
1630 NW 20TH STREET      1630 NW 20TH STREET  
MIAMI FL 33142      MIAMI FL 33142  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1569650**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



MOORE      CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**LORENZO, JUAN R.**  
**1630 N.W. 20 STREET**  
**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>LORENZO, JUAN R.</b>
STREET ADDRESS	<b>1630 N.W. 20 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>LORENZO, ERNEST</b>
STREET ADDRESS	<b>1630 N.W. 20 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>PUERTAS, TOMAS O.</b>
STREET ADDRESS	<b>1630 N.W. 20 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a power like empowered.

**SIGNATURE:** *Juan R. Lorenzo*      **JUAN R. LORENZO**      4/23/04      (305) 325-8004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #