


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 A
Secretary of State

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

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



| | | |
|---|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State | 4. FEI Number 59-1569650 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
|---|---|---|

1st MOORE CR2E034 (10/07)

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 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 reorganizing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | | <input type="checkbox"/> Delete |
|----------------------------|-------------------|---------------------------------|
| TITLE | P | |
| NAME | LORENZO, JUAN R. | |
| STREET ADDRESS | 1630 N.W. 20 ST | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | V | |
| NAME | LORENZO, ERNEST | |
| STREET ADDRESS | 1630 N.W. 20 ST | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | ST | |
| NAME | PUERTAS, TOMAS O. | |
| STREET ADDRESS | 1630 N.W. 20 ST | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |

U00000904008
04/30/08-80068-015 150.00

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: *Juan R. Lorenzo* **JUAN R. LORENZO 4/14/08 (305) 325-8004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR