

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 528856

FILED
Mar 21, 2009
Secretary of State

Entity Name: MEIRELES TRUCK SALES INC.

Current Principal Place of Business:

4501 N W 27TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4501 N W 27TH AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-2103396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUAN E. MEIRELES
10300 SW 82 AVE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEIRELES, JUAN D
Address: 10001 S.W. 80TH AVE.
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: MEIRELES, JUAN E
Address: 10300 SW 82ND AVE
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: MEIRELES, RENE
Address: 4501 NW 27 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: ALMEIDA, CARMEN L
Address: 10721 S.W. 106TH AVE.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MEIRELES, ZOILA D
Address: 10001 SW 80TH AVE
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: MEIRELES, ZOILA
Address: 10001 SW 80TH AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN E. MEIRELES

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date