


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 023 ***158.75

DOCUMENT # 566684		
1. Entity Name COMMERCIAL VEHICLES OF SOUTH FLORIDA INC.		

Principal Place of Business 2840 CENTER PORT CIRCLE POMPANO BEACH, FL 33064 US	Mailing Address 2840 CENTER PORT CIRCLE POMPANO BEACH, FL 33064 US
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50024678

2. Principal Place of Business 7528 U.S. HWY 301 NORTH Suite, Apt. #, etc.	3. Mailing Address 7528 U.S. HWY 301 NORTH Suite, Apt. #, etc.
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08032006 Chg-P CR2E034 (11/05)

City & State TAMPA, FL	City & State TAMPA, FL	4. FEI Number 59-1829444	Applied For Not Applicable
Zip 33637	Country USA	Zip 33637	Country USA

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

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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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 _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHANTE, OSVALDO J 2840 CENTER PORT CIRCLE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRIOR, BRADLEY W 2840 CENTER PORT CIRCLE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, WILLIAM D 2840 CENTER PORT CIRCLE POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAKER, JOSHUA W 13400 OUTER DRIVE WEST DETROIT, MI 48239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MANN, DONALD F 2840 CENTER PORT CIRCLE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MARCHANTE, OSVALDO J 2840 CENTER PORT CIRCLE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHANTE, OSVALDO J 7528 U.S. HWY 301 NORTH TAMPA, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRIOR, BRADLEY W 7528 U.S. HWY 301 NORTH TAMPA, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MANN, DONALD F 7528 U.S. HWY 301 NORTH TAMPA, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MARCHANTE, OSVALDO J 7528 U.S. HWY 301 NORTH TAMPA, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Bradley W. Prior</u>	BRADLEY W. PRIOR	8/3/06	(813) 262-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #