

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90108 044 \*\*\*158.75

<b>DOCUMENT # 566684</b> 1. Entity Name <b>COMMERCIAL VEHICLES OF SOUTH FLORIDA INC.</b>					
Principal Place of Business <b>7528 US HWY 301 NORTH TAMPA, FL 33637 US</b>			Mailing Address <b>7528 US HWY 301 NORTH TAMPA, FL 33637 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1829444</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIOR, BRADLEY W 7528 US HWY 301 NORTH TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paulo Silvestri One Mercedes Dr Montvale, NJ 07645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DASSANKO, GARY 7528 US HWY 301 NORTH TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARY DASSANKO 4747 N. Channel Ave Portland, OR 97208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAKER, JOSHUA W 13400 OUTER DRIVE WEST DETROIT, MI 48239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Walls Talmadge 4747 N. Channel Ave Portland, OR 97208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRIFIELD, JOHN H 7528 US HWY 301N TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARI KAUFMANN One Mercedes Dr Montvale, NJ 07645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Eileen Frack 2701 NW Vaughn Suite 900 Portland, OR 97210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
<b>SIGNATURE:</b> <u>Bradley W. Prior</u>			1/10/08 (813) 262-0890		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		