

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 847856

FILED
Oct 21, 2009
Secretary of State**Entity Name:** RECHTIEN INTERNATIONAL TRUCKS, INC.**Current Principal Place of Business:**7227 NW 74TH AVENUE
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**7227 NW 74TH AVENUE
MIAMI, FL 33166**New Mailing Address:****FEI Number:** 59-2044408**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STRICKROOT, JOHN C., ESQ.
100 S.E. 2ND ST., 17TH FLOOR
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**STRICKROOT, JOHN C., ESQ.
1395 BRICKELL AVENUE
ESPIRITO SANTO PLAZA 14TH FLOOR
MIAMI, FL 33131 US

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

10/21/2009

Date**OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: RECHTIEN, RICHARD C.
Address: 10895 SW 69TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD () Delete
Name: BRADY, JODI
Address: 131 NW 162 AVE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: RECHTIEN, RICHARD B.
Address: 7237 NW 74 AVE
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete
Name: RECHTIEN, JOYCE
Address: 10895 SW 69TH COURT
City-St-Zip: MIAMI, FL 33156

Title: D (X) Delete
Name: CHARMAN, JOHN
Address: 823 N LAFAYETTE PARK PLACE
City-St-Zip: LOS ANGELES, CA 90026

Title: D (X) Delete
Name: RECHTIEN, MARK J
Address: 6630 S.W. 85TH STREET
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RECHTIEN, RICHARD C
Address: 10895 SW 69TH COURT
City-St-Zip: PINECREST, FL 33156

Title: VP (X) Change () Addition
Name: RECHTIEN, MARK J
Address: 11301 SW 71 AVENUE
City-St-Zip: PINECREST, FL 33156

Title: STD (X) Change () Addition
Name: BRADY, JODI
Address: 131 NW 162 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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: JODI BRADY

Electronic Signature of Signing Officer or Director

STD

10/21/2009

Date