2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000002732

1. Entity Name

VOLVO AERO NORTH AMERICA, INC.



Principal Place of Business

Mailing Address

645 PARK OF COMERCE WAY BOCA RATON, FL 33487

645 PARK OF COMERCE WAY BOCA RATON, FL 33487

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90270 011 ***150.00



DO NOT WRITE IN THIS SPACE

03312005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 98-0131875 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HARTNEY, KEVIN P 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

i					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP MURAD, RICHARD 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZACKRISSON, STEFFAN SE-161 26 BROMMA SWEDEN,				
TITLENAME STREET ADDRESS CITY-ST-ZIP	P MALMROS, CLAES 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP HARTNEY, KEVIN ESQ. 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BJERKELUND, ANNA S461 81 TROLLHATTAN SWEDEN,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***				
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 onth; that I am an effect or directors					

indicated on mis 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:

REVIN P. HAMMY

561-989-3821