


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G20932</b> 1. Entity Name <b>OCEAN TRUCK SALES CORPORATION</b>	
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Principal Place of Business <b>2915 N.W. 36 ST. MIAMI, FL 33142</b>	Mailing Address <b>2915 N.W. 36 ST. MIAMI, FL 33142</b>
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**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2305819</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PADROW, ESTEBAN  
4319 W. 9TH COURT  
HIALEAH, FL 33012**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADRON, ESTEBAN 4319 W 9 CT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADRON, MERICIA 4319 W. 9TH COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, STEVEN 4319 W. 9TH COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/06 01027-017 150.00

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IN THIS SPACE**

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:** Esteban Padron : Esteban Padron 03-14-06 305-638-8932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #