


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

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| DOCUMENT # H21666 1. Entity Name DADE LIFT TRUCK, INC. |  |
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|---|---|
| Principal Place of Business 3525 SOUTH LAKE DR P.O. BOX 55-8131 MIAMI, FL 33255 | Mailing Address 3525 SOUTH LAKE DR P.O. BOX 55-8131 MIAMI, FL 33255 |
|---|---|

DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2474075 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LAMBERT SR., LESLIE HOWARD
3525 SOUTH LAKE DR
MIAMI, FL 33155**

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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 _____
Signature, typed or printed name of registered agent and title if applicable

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000113159 04/14/04-80052-011 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LAMBERT, LESLIE H. SR. 3525 SOUTH LAKE DR MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LAMBERT, LESLIE H. JR. 3525 SOUTH LAKE DR MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD LAMBERT, JANET LEE 3525 SOUTH LAKE DR MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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12. I hereby 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 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:  **4-10-04** **(305) 264-5451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #