

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
1/ Feb 11, 2005 8:00 am
Secretary of State

01-18-2005 90028 031 ***150.00

DOCUMENT # K13837 1. Entity Name DIESELTRON PACIFIC, INC.	
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Principal Place of Business BATTERY SALES NORTH MIAMI, FL 33161 US	Mailing Address 12275 N.E. 13TH AVENUE MIAMI, FL 33161 US
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DO NOT WRITE IN THIS SPACE

66001743



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2895044	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEPHENS, STEPHEN 12275 NE 13TH AVE NO MIAMI, FL 33161
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP STEPHENS, STEPHEN 1840 NE 193RD ST NO MIAMI, FL 33179
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**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05 305891 8355
Date Daytime Phone #