

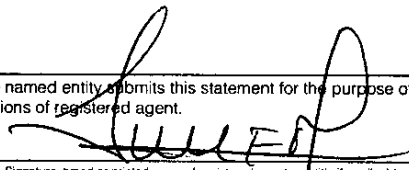
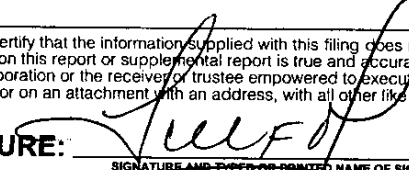


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K14853 1. Entity Name PALMETTO TRUCK AND PARTS SALES, INC.						FILED 06 JUL -6 PM 2:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10125 NW 87 AVENUE MEDLEY, FL 33178				Mailing Address 10125 NW 87 AVENUE MEDLEY, FL 33178 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 65-0031848				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 BELLO, ALBERTO N. 10125 NORTHWEST 87 AVENUE MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Luis Rosero Street Address (P.O. Box Number is Not Acceptable) 7260 NW 174 terr #101 City Miami Gardens FL Zip Code 33015			
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							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELLO, SYLVIA 14171 LEANING PINE DR MIAMI LAKES, FL 33014			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presidente Luis F. Rosero 7260 NW 174 terra #101 Miami Gardens FL 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELLO, ALBERTO N 14171 LEANING PINE DR MIAMI LAKES, FL 33014			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresidente Alfredo Montero 9809 W Okeechobee Rd Apt #104 Hialeah Gardens FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tesorera - Secretaria Vanessa Londono 7260 NW 174 terra #101 Miami Gardens FL 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200077389722 07/12/06--01027--017 **61.25		
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: 				06-30-06 786-586-1032			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			