

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L13927**

1. Entity Name  
MIAMI TRUCK LEASING CO., INC.



Principal Place of Business  
12235 NW 7TH TRAIL  
MIAMI, FL 33182

Mailing Address  
P.O. BOX 523482  
MIAMI, FL 33152



04232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0149231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, EDUARDO  
12235 HW 7TH TRAIL  
MIAMI, FL 33182

**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] President DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

U00000335616  
04/27/05-80090-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PICHARDO, EDUARDO A. 12235 NW 7TH TRAIL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTIE, OSCAR A. 10691 SW 137TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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] President 4-22-05 305-801-7726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #