

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M01120

FILED
Apr 17, 2004
Secretary of State

Entity Name: MESWAY TRUCK RENTAL, INC.

Current Principal Place of Business:

814 DES ORNEAUX
BELOEIL QC CANADA, N3G-31

New Principal Place of Business:

814 DES ORMEAUX
BELOEIL QC CANADA, QC J3G 3A1 CA

Current Mailing Address:

814 DES ORMEAUX
BELOEIL QC CANADA, N3G-31

New Mailing Address:

814 DES ORMEAUX
BELOEIL QC CANADA, QC J3G 3A1 CA

FEI Number: 65-0038795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURICE, ROBERT
1401 DEWEY STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: CHOQUETTE, JP
Address: 191ST LAURENT ST
City-St-Zip: ST DAMASE PQ, CA

Title: PD () Delete
Name: MAURICE, ROBERT
Address: 814 DESORMEAUX
City-St-Zip: BELOEIL J3G 3A1 PO CANADA,

Title: D () Delete
Name: MAURICE, JOEL
Address: 271 BERNARD
City-St-Zip: CHATEAUGUAY PQ J6K 3Y6, CA

Title: D () Delete
Name: MAURICE, ANNIE
Address: 846 BARTLETT STREET
City-St-Zip: CASTLE ROCK, CO 80104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MAURICE, ROBERT
Address: 814 DESORMEAUX
City-St-Zip: BELOEIL J3G 3A1 QC CANADA, QC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAURICE, ANNIE
Address: 846 BARTLETT STREET
City-St-Zip: CASTLE ROCK, CO 80104 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MAURICE

PD

04/17/2004

Electronic Signature of Signing Officer or Director

_____ Date