## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P00000021320  1. Entity Name TONY TRUCK SALES, INC.						05-02-2008 9	90184 017 ***15		
Principal Place	of Business	Mailing Address			- 400-				
155 W 51 ST		155 W 51 ST							
HIALEAH, FL 33012		HIALEAH, FL 33012							
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Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292008	Chg-P	CR2E034 (12/06	)	
City & State		City & State		4, FEI Numbe 65-0985		h	opplied For		
Zip	Country	Country Zip Cou		try	Sertificate of Status Desired				
					5. Certificate o	or Status Desired	Fee Requir		
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	legistered Agent		
MOLINA, JUAN				Name					
155 W 51 ST				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33012					<del></del>		<del></del>		
				City			<b>E</b> I Zip Co	de .	
. W			~		<u>΄</u>				
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s register	ed office or regis	tered agent, or bot	a, in the State of Fig	orida. I am familiar wit	n, and accept	
SIGNATURE_	Signature, typed or printed name of registered age	ni and title if applicable. (NOT	TE: Registere	d Agent signature requ	ired when reinstating)		DATE		
FIL:	E NOW!!! FEE IS \$150.00	9. Election Campa	aign Finar	ncing \$	55.00 May Be				
ALC:	ay 1, 2008 Fee will be \$550	Trust Fund Con	tribution.	Ä	dded to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		dded to Fees	CHANGES TO OFF	TICERS AND DIRECTO	7	
10.	OFFICERS AN		11. TITL	□ A 	dded to Fees	CHANGES TO OFF	FICERS AND DIRECTO		
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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 frustee 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:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

29/08 (305)525-62

Daytime Phone #