2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000043643

Title:

Name:

Address: City-St-Zip:

Entity Name: L.A. HYDRAULIC SUPPLIES, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12079 W. OKEECHOBEE RD. 12079 WEST OCHEECHOBEE ROAD HIALEAH GARDEN, FL 33016 HIALEAH GARDEN, FL 33016 **Current Mailing Address: New Mailing Address:** 12079 W. OKEECHOBEE RD. HIALEAH GARDEN, FL 33016 FEI Number: 65-1004215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALAM, TONI H CPA 2780 SW 37TH AVE 207 MIAMI, FL 33133 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SAN MARTIN, MARIO G Name: Name: 12079 W. OKEECHOBEE RD. Address: Address: City-St-Zip: HIALEAH GARDENS, FL 33016 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition SAN MARTIN, ROLANDO R Name: Name: 18919 S.W. 24 STREET Address: Address: MIRAMAR, FL 33029 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CEDENO, LADIS A Name: Name: 18919 S.W. 24 STREET Address: Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: Title: (X) Delete Title: () Change () Addition SAN MARTIN, LUIS A Name: Name: Address: 18919 S.W. 24 STREET Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIO G SAN MARTIN P 03/02/2009

(X) Delete

SAN MARTIN, SANTIAGO R

18919 S.W. 24 STREET

MIRAMAR, FL 33029

() Change () Addition