

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90068 033 ***150.00

DOCUMENT # P01000025380

1. Entity Name

POWER TRUCKS OF SOUTH FLORIDA, INC.



Principal Place of Business

16601 NW 8TH AVE.
MIAMI FL 33169

Mailing Address

16601 NW 8TH AVE.
MIAMI FL 33169

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 491468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Biscayne, FL

Zip

Country

Zip

Country

33149

4. FEI Number 02-0607701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAS, CARLOS A ESQ.
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SCOPETTA, GEORGE M
STREET ADDRESS 16601 N.W. 8TH AVENUE
CITY-ST-ZIP MIAMI FL 33169

TITLE VP ☐ Delete
NAME SCOPETTA, CATHERINE B
STREET ADDRESS 16601 NW 8TH AVE.
CITY-ST-ZIP MIAMI FL 33169

TITLE S/T ☐ Delete
NAME SCOPETTA, GEORGE M
STREET ADDRESS 16601 NW 8TH AVE.
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

4/11/07

(305) 626-4554