


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90032 003 \*\*\*558.75

DOCUMENT # P01000072879

1. Entity Name  
 GH TRUCKS AND EQUIPMENT, INC.



Principal Place of Business      Mailing Address

~~701 BRICKELL AVE., SUITE 3000~~      ~~701 BRICKELL AVE., SUITE 3000~~  
~~MIAMI, FL 33131~~      ~~MIAMI, FL 33131~~

2. Principal Place of Business      3. Mailing Address

300 ALCAZAR AVENUE      300 ALCAZAR AVE.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
SUITE 302      SUITE 302  
 City & State      City & State  
CORAL GABLES, FL      CORAL GABLES, FL  
 Zip      Country      Zip      Country  
33134      USA      33134      USA



01212005      Chg-P      CR2E054 (10/03)

4. FEI Number      Applied For

65-1141023       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

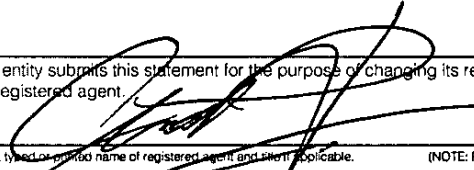
6. Name and Address of Current Registered Agent

~~INTRASTATE REGISTERED AGENT CORPORATION~~  
~~701 BRICKELL AVE., SUITE 3000~~  
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name: ALBERT P VEGA CPA PA  
 Street Address (P.O. Box Number is Not Acceptable):  
300 ALCAZAR AVE.,  
SUITE 302  
 City: CORAL GABLES FL      Zip Code: 33134

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:       DATE: 5/16/2005

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

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, IGNACIO G	
STREET ADDRESS	<del>701 BRICKELL AVE STE 3000</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33131</del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	LESAGE, DARRELL R	
STREET ADDRESS	<del>701 BRICKELL AVE STE 3000</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33131</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>300 ALCAZAR AVENUE, SUITE 302</u>	
CITY-ST-ZIP	<u>CORAL GABLES, FL. 33134</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>300 ALCAZAR AVENUE, SUITE 302</u>	
CITY-ST-ZIP	<u>CORAL GABLES, FL. 33134</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       DATE: 5/16/2005

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