

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


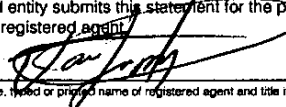
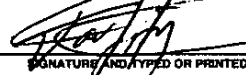
**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90320 022 \*\*\*158.75

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01202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000074709</b>			
1. Entity Name SOUTH FLORIDA PALLET JACK INC.			
Principal Place of Business 7303 NW 56 ST 7303 MIAMI, FL 33166		Mailing Address 7303 NW 56 ST 7303 MIAMI, FL 33166	
2. Principal Place of Business 7301 NW 56 St Suite, Apt. #, etc. 7301 City & State Miami, FL Zip 33166 Country USA		3. Mailing Address 7301 NW 56 St Suite, Apt. #, etc. 7301 City & State Miami, FL Zip 33166 Country USA	
4. FEI Number 65-1128280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired. <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MELENDEZ, JOSE L 7519 W 38 LN 7519 HIALEAH, FL 33018		7. Name and Address of New Registered Agent Name Melendez, Jose L Street Address (P.O. Box Number is Not Acceptable) 7519 W 38 LN 7519 City Hialeah FL Zip Code 33018	
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:  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELENDEZ, JOSE L 7519 W 38 LN HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Melendez, Jose L 7519 W 38 LN Hialeah, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GATICA, HECTOR 4904 SW 136TH PLACE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gatica, Hector 4904 SW 136 Pl. Miami, FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/21/05 305-887-4050 Date Daytime Phone #	