FILED
May 03, 2004 8:00 am
Secretary of State

04-12-2004 90648 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107476

1. Entity Name

POWER TRUCK DIESEL, INC.

66410036

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3091 N.W. 129th Street	18960 N.W. 57th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apartment 101
City & State: Opa Locka Florida	City & State: Miami Florida
Zip 33054 Country U.S.A.	Zip 33015 Country U.S.A.

4. FEI Number 65-1151109 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JUAN PABLO SALGADO

Street Address (P.O. Box Number is Not Acceptable): 18960 N.W. 57th Avenue Apt.101

City: Miami FL Zip Code 33015

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.

SIGNATURE ______________________ DATE ______

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	TITLE	
NAME	SALGADO, JUAN PABLO	NAME	
STREET ADDRESS	18960 N.W. 57th Avenue Apt.101	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33015	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	LARA, ALTAGRACIA	NAME	
STREET ADDRESS	18960 N.W. 57th Avenue Apt.101	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/9/04 (305) 769-8955

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