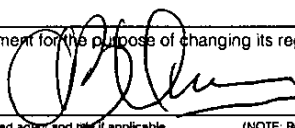


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90135 021 ***150.00

DOCUMENT # P02000043231 1. Entity Name POWER TRUCK AND EQUIPMENT, CORP.					
Principal Place of Business 7483 NW 63RD ST. MIAMI, FL 33166			Mailing Address 7483 NW 63RD ST. MIAMI, FL 33166		
2. Principal Place of Business 3325 NW 36 st		3. Mailing Address 3325 NW 36 st			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 01-0675126	
Zip 33142		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OCHOA, DANILO N 7483 NW 63RD ST. MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Ochoa Danilo N Street Address (P.O. Box Number is Not Acceptable) 3325 NW 36 st City Miami FL Zip Code 33142		
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:  4.10.06 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, 2006 Fee will be \$550.00		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	PD		TITLE	☐ Change ☐ Addition	
NAME	OCHOA, DANILO N		NAME		
STREET ADDRESS	491 W. 77TH ST.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP		
TITLE	VPT		TITLE	☒ Change ☐ Addition	
NAME	OCHOA, GEORGINA		NAME	Ochoa Georgina	
STREET ADDRESS	7483 NW 63RD ST.		STREET ADDRESS	491 W 77th	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Hialeah FL 33014	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: 			4.10.06 305.345.6007 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					