2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P02000055553 1. Entity Name PALLET TRUCK KINGDOM, INC.				04-29-20	004 90213 (004 ***	150.00	
Principal Place of Business Mailing Address 11801 NW 100 RD., #11 11801 NW 100 RD., #1 MIAMI, FL 33178 MIAMI, FL 33178		11			9403)726	01035	
2. Principal Place of Business 3 400 CAICES IDE IN	3. Mailing Address 3 400 (AKE)	sine na					24	
Suite, Apt. #, etc. Suite, Apt. #, etc.			04282004	Chg-P	CR2E034	(10/03)		
City & State MILAMAN FL	City & State MINAMAN FL		4. FEI Numb 04-366				plied For Applicable	
Zip Country	-33027	Country		of Status Desired		3.75 Addi	itional	
6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New				
WERBA, DANIEL A		Name	RBA Day	riel A				
912 NE 27 AVE HALLANDALE, FL 33009			Street Address (P.O. Box Number is Not Acceptable)					
			12	<u> </u>				
• • •		NAMAN		FL	Zin Code	2.7		
The above named entity submits this statement if the obligations of registered agent. SIGNATURE X DANIEL WERLA Signature, typed or printed name of registered agent.	X	-)	r registered agent, or bo	oth, in the State of F	lorida. I am fan	niliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550 10. OFFICERS AND TITLE P NAME WERBA, DANIEL SIREET ADDRESS 912 NE 27 AVE.	\		\$5.00 May Be Added to Fees ADDITIONS PUFRBA, D 3400 LAK	/CHANGES TO OF	\$	RECTORS Change	S IN 11 Addition	
CITY-ST-ZIP HALLANDALE BEACH, FL 330	09	CITY-ST-ZIP	MIRAMAN	FL	<u>33027</u>			
IIITLE VP WERBA, ARIEL STREET ADDRESS 1301 NE 183 ST. CITY-ST-ZIP N. MIAMI BEACH, FL 33179	风 Delete	NAME STREET ADDRESS CITY-ST-ZIP	WERBA, A 3400 LAKE MIRAMAN	Rich Eside Da	•		Addition	
ITICE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			- [Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition	
12. I hereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address	is true and accurate and that report	ny signature shall h as required by Cha	have the same legal effe	ict as it made unde	ir bath; that i am	an officer	or director	