

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90182 047 ***150.00

DOCUMENT # P02000055553					
1. Entity Name PALLET TRUCK KINGDOM, INC.					
Principal Place of Business 3400 LAKESIDE DR., #102 MIRAMAR, FL 33027			Mailing Address 3400 LAKESIDE DR., #102 MIRAMAR, FL 33027		
2. Principal Place of Business 3949 COMMERCE PKWY			3. Mailing Address 3949 COMMERCE PKWY		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIRAMAR FL			City & State MIRAMAR FL		
Zip 33025-3936			Country BROWARD		
4. FEI Number 04-3666596			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent WERBA, JACOB 3400 LAKESIDE DRIVE, #102 MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name WERBA, JACOB Street Address (P.O. Box Number is Not Acceptable) 3949 COMMERCE PKWY City MIRAMAR FL Zip Code 33025-3936		
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 JACOB WERBA DATE 2/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P WERBA, JACOB 3400 LAKESIDE DR. 102 MIRAMAR, FL 33027	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3949 COMMERCE PKWY MIRAMAR, FL 33025			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 affidavit with all other like empowered.					
SIGNATURE: JACOB WERBA DATE 2/22/05 DAYTIME PHONE # (954) 499-1925 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					