


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P02000055553**

1. Entity Name  
PALLET TRUCK KINGDOM, INC.



Principal Place of Business  
3949 COMMERCE PKWY  
MIRAMAR, FL 33025-3936

Mailing Address  
3949 COMMERCE PKWY  
MIRAMAR, FL 33025-3936



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3666596 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WERBA, JACOB  
3949 COMMERCE KWAY  
MIRAMAR, FL 33025-3936

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERBA, JACOB 3949 COMMERCE PKWY MIRAMAR, FL 33025
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01/31/06 80008-017 150.00

**DO NOT WRITE  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob Werba 1/16/06 (954) 499-1925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #