2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000106120

1. Entity Name PRECISION LIFT TRUCKS INC.



Principal Place of Business

460 SOUTH MELROSE DRIVE MIAMI SPRINGS, FL 33166

Mailing Address

460 SOUTH MELROSE DRIVE MIAMI SPRINGS, FL 33166

FILED Feb 02, 2005 8:00 am Secretary of State

02-02-2005 90073 009 ***150.00

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No Chg-P

CR2E034 (10/03)

١.	FEI Number	Applied For
	16-1630920	Not Applicable

5. Certificate of Status Desired - -

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORES, ROGELIO 460 SOUTH MELROSE DRIVE MIAMI SPRINGS, FL 33166

DO	NOT	WRITE
IN .	THIS	SPACE

		<u>.</u>	I TIO SPACE
		*	-
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE	ourpose of changing its registere	ad office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE
After May 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	S5.00 May Be Added to Fes	
10. OFFICERS AND DIRE	CTORS		1. 12.00mm 1. 11. 11. 11. 11. 11. 11. 11. 11. 11
TITLE PD NAME FLORES, ROGELIO STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166			
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TITLE NAME STREET ADDRESS CITY: ST- ZIP	والمالة المستدانة المستداد		NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 address, with all-other like empowered.

SIGNATURE:

SIGNATURE AND I PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0(1)21/05 786-261-81