

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

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



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1630920

Applied For
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

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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 PD
NAME FLORES, ROGELIO
STREET ADDRESS 460 SOUTH MELROSE DRIVE
CITY - ST - ZIP MIAMI SPRINGS, FL 33166

TITLE STD
NAME FLORES, SILVIA M
STREET ADDRESS 460 SOUTH MELROSE DRIVE
CITY - ST - ZIP MIAMI SPRINGS, FL 33166

TITLE
NAME
STREET ADDRESS
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000000533138
05/06/06-80113-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Rogelio Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/06 786-556-3488
Date Daytime Phone #