


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90026 021 \*\*\*150.00

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # P02000129440</b><br>1. Entity Name<br><b>SOUTH DADE FORKLIFT CORPORATION</b>   |  |   |   |
| Principal Place of Business<br><b>2970 WEST 84TH STREET<br/>BAY 11<br/>HIALEAH, FL 33018</b>   |  | Mailing Address<br><b>2970 WEST 84TH STREET<br/>BAY 11<br/>HIALEAH, FL 33018</b>   |   |
| 2. Principal Place of Business<br><b>2724 W. 79th St.</b><br>Suite, Apt. #, etc. <b>B</b>  |  | 3. Mailing Address<br><b>2724 W. 79th Street</b><br>Suite, Apt. #, etc. <b>B</b>   |   |
| City & State<br><b>Hialeah</b>   |  | City & State<br><b>Hialeah</b>   |   |
| Zip <b>33016</b> Country <b>Dade</b>   |  | Zip <b>33016</b> Country <b>Dade</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>LOPEZ, MICHEL<br/>15240 LAUREL LANE SOUTH<br/>PEMBROKE PINES, FL 33027</b>   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |
| 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 _____  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>LOPEZ, MICHEL<br>15240 LAUREL LANE SOUTH<br>PEMBROKE PINES, FL 33027 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LOPEZ, MAYTE<br>15420 LAUREL LANE SOUTH<br>PEMBROKE PINES, FL 33027  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |  |   |
| <b>SIGNATURE:</b> _____  |  | Date <b>1/19/06</b> Daytime Phone # <b>(305) 823-4620</b>  |   |

**60007056**



01192006 Chg-P CR2E034 (11/05)

4. FEI Number **61-1436823** Applied For ☐ Not Applicable

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