

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000129440	
1. Entity Name SOUTH DADE FORKLIFT CORPORATION	
	
Principal Place of Business 2724 W 79TH ST B HIALEAH, FL 33016	Mailing Address 2724 W 79TH ST B HIALEAH, FL 33016



07182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1436823	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, MICHEL
15240 LAUREL LANE SOUTH
PEMBROKE PINES, FL 33027**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MICHEL 15240 LAUREL LANE SOUTH PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, MAYTE 15420 LAUREL LANE SOUTH PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000000770083
07/24/07-80002-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/07 (305) 803-4626