

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135306

**FILED**  
**Jul 11, 2006**  
**Secretary of State**

**Entity Name:** SARAFAN TRUCK AND EQUIPMENT, INC.

**Current Principal Place of Business:**

10420 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

**New Principal Place of Business:**

201 GOLDEN ISLES DR  
411  
HALLANDALE, FL 33009

**Current Mailing Address:**

10420 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

**New Mailing Address:**

PO BOX 1104  
HALLANDALE, FL 33008

FEI Number: 82-0578540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARAFAN, IRVING  
17713 CHARNWOOD DRIVE  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SARAFAN, MICHAEL  
Address: 16 HAMPTON RD.  
City-St-Zip: SUFFERN, NY 10901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SARAFAN, MICHAEL  
Address: 201 GOLDEN ISLES DR  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SARAFAN

P

07/11/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date