


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000015626  
 1. Entity Name  
 HEAVY TRUCK USA REPAIR CORPORATION



Principal Place of Business      Mailing Address  
 4475 NW 22 AVE.                      4475 NW 22 AVE.  
 MIAMI, FL 33142                      MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



07112005      No Chg-P      CR2E034 (10/03)

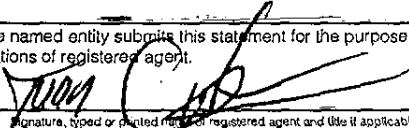
4. FEI Number      Applied For  
 80-0059926      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GUTIERREZ, JUAN  
 4475 NW 22 AVE.  
 MIAMI, FL 33142

**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:       DATE: 7-12-05

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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.

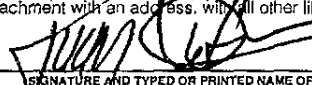
10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GUTIERREZ, JUAN
STREET ADDRESS	4475 NW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VSD
NAME	MENDIETA, KARLA
STREET ADDRESS	4475 NW 22 AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/15/05-80001-017 150.00

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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 empowerments.

SIGNATURE:       Date: 7-12-05      Daytime Phone #: (305) 638-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR