## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 26, 2006 08:00 AN DOCUMENT # P03000052213 **Secretary of State** 1. Entity Name MATERIAL HANDLING BUSINESS SOLUTIONS, INC. Principal Place of Business Mailing Address 8730 SW 43 TERR 8730 SW 43 TERR MIAMI, FL 33165 MIAMI, FL 33165 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2363102 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIERRA, JOSE A DO NOT WRITE 8730 SW 43 TERR MIAMI, FL 33165 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 hame of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SIERRA, JOSE A NAME STREET ADDRESS 8730 SW 43 TERR CITY-ST-ZIP MIAMI, FL 33165 U00000535635 TITLE 05/08/06-80061-010 158.75 STREET ADDRESS (31Y-S1-ZIP iiin£ NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE HILE STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY - SJ-7JP

12. Thereby 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR