


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91216 006 ***150.00

DOCUMENT # P03000065751	
1. Entity Name TRUCK MASTER AUTO BROKERS INC.	

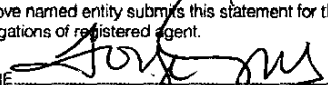
Principal Place of Business 2135 S.E. 17TH PLACE CAPE CORAL, FL 33990 US	Mailing Address P.O BOX 151703 CAPE CORAL, FL 33915 US
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2. Principal Place of Business 3332 Palm Beach Blvd	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers, FL	City & State
Zip 33916	Country US

6. Name and Address of Current Registered Agent NUNEZ, JORGE 2135 SE 17TH PLACE CAPE CORAL, FL 33990	
7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 3332 Palm Bch Blvd City FT. MYERS FL Zip Code 33916	

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  **President** DATE **4/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T NUNEZ, JORGE 2135 SE 17TH PLACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T Nunez Jorge 3332 Palm Bch Blvd FT. MYERS FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:  **P.T** DATE **4/27/04** DAYTIME PHONE # **239-332-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Nunez