


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

03-17-2004 90015 001 ***150.00
06-02-2004 90003 032 ***150.00

DOCUMENT # P03000097109 1. Entity Name TRUCK SOLUTIONS INC.					
Principal Place of Business 6223 WEST 24TH AVENUE 1051 HIALEAH, FL 33116			Mailing Address 6223 WEST 24TH AVENUE 105 HIALEAH, FL 33116		
2. Principal Place of Business <i>9151 N.W. 93rd Street</i>			3. Mailing Address <i>9151 N.W. 93rd Street</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Medley FLA</i>			City & State <i>Medley FLA</i>		
Zip <i>33178</i>			Zip <i>33178</i>		
Country <i>U.S.A.</i>			Country <i>U.S.A.</i>		
4. FEI Number <i>57-1185651</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <i>REYES, NORGEN 9151 N.W. 93rd STREET Medley FLA 33178</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>REYES, NORGEN 9151 N.W. 93rd STREET Medley FLA 33178</i> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Norgen Reyes</i> <i>PRESIDENT</i> <i>5/25/04</i> <i>305-491-7289</i> <div style="display: flex; justify-content: space-between;"> OR DIRECTOR Date Daytime Phone # </div>					