2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State 03-18-2005 90054 040 ***150.00

DOCUMENT # P04000055995 1. Entity Name FLORANADA TRUCK RENTAL, INC.							400345	1 6 1		
Principal Place of Business 1100 NE 45TH STREET OAKLAND PARK, FL 33334			Mailing Address 1100 NE 45TH STREET OAKLAND PARK, FL 33334			1 138 N/S P 1		į i	18 (8/18 /8/18) 6 (1	REEL IN JEEL
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012005	Chg-P	CR2E03	34 (10/03)	
City & State			City & State		4. FEI Numb	er 1995509	· 60		plied For t Applicable	
Zip	Country		Zip	Coun	atry	<u> </u>	of Status Desired	r.) f	8.75 Add ee Required	
<u> </u>	·	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered A	gent	
DEUSCHLE, JAY B 1100 NE 45TH STREET OAKLAND PARK, FL 33334					Street Address (P.O. Box Numb	er is Not Acceptable)	1		
Orace and France, TE 5000					City			FL	Zip Code	3
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 acce										and accept
the obligations of registered agent. SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND		
TITLE NAME	PD DEUSCH	LE, JAY B	Delete TITLE		ľ				☐ Change	Addition
STREET ADDRESS	T .	45TH STREET			EET ADDRESS					
CITY-ST-ZIP	OAKLANI TD	D PARK, FL 33334	☐ Delete	CITY	/-ST-ZIP				☐ Change	☐ Addition
TITLE NAME	. –	LE, JEFFFREY C	NAN		i				Unange	☐ Addition
STREET ADDRESS		45TH STREET			EET ADDRESS (-ST-ZIP					ı
CITY-ST-ZIP	VD	D PARK, FL 33334	☐ Delete	TITL					☐ Change	Addition
NAME *	SHAMBU	RGER, JULIE D	LLS DOIGH	NAM	AE .					
STREET ADDRESS CITY-ST-ZIP	17	45TH STREET D PARK, FL 33334	-	•	EET ADDRESS (+ST-ZIP		*			
TITLE	SD	☐ Delete	TITL					Change	Addition	
NAME STOCET LEGISLES	ŀ	, JESSICA D		NAN	ae Eet address					
STREET ADDRESS CITY-ST-ZIP				-	r-ST-ZIP					
TITLE			☐ Detete	TITL	.E				Change	Addition
NAME CYREST ARRESES	İ			NAA	AE EET AODRESS		•			
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	☐ Addition
NAME STREET ADDRESS	NA STI				ME Beet address					
CITY-ST-ZIP					Y-ST-ZIP		•			
12. I hereby certify that the information supplied with this filling 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: 3/11/0.5										

O.W.O.