2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2005 8:00 am Secretary of State DOCUMENT # P04000082827 1. Entity Name 04-01-2005 90007 001 ***150.00 TRUCK ACCEPTANCE CORP. Principal Place of Business Mailing Address 2925 NW 36 ST. 2925 NW 36 ST. MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 2915 N.W. 36 ST. 2915 N.W. 36 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 73-1706121 MIAMI, FL MIAMI, FL Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 33142 MIAMI-DADE 33142 MIAMI- DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUADAYOL JAVIER- ---GUADAYOL, JAVIER Street Address (P.O. Box Number is Not Acceptable) 13550 SW 88TH ST. **MIAMI FL 33186** 13412 S.W. 128 ST. City Zip Code 33186 MIAMI 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 name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete X Change Addition PADRON, ESTEVAN NAME NAME PADRON ESTEBAN 2925 NW 36 ST. STREET ADDRESS STREET ADDRESS 4319 W.9 CT. HIALEAH FL 33012 CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP **VS** Delete TITLE Change ☐ Addition PADRON, MERICIA NAME NAME PADRON MERICIA 2925 NW 36 ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete VTD TITLE X Change ☐ Addition GUADAYOL, JAVIER NAME NAME STREET AUDRESS 13550 SW 88TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MIAMI, FL 33186 TILLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/05

Date

305-638-8932

Davime Phone #

FILED