## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 24, 2008 08:00 A Secretary of State **DOCUMENT # P04000157949** FLORIDA TRUCK PARTS & ACCESSORIES INC. Principal Place of Business Mailing Address 9001 N.W. 97 TERRACE 9001 N.W. 97 TERRACE UNIT G UNIT G MEDLEY, FL 33178 MEDLEY, FL 33178 CR2E034 (11/05) 03122008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1906517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORTE, FRANKLIN DO NOT WRITE 10810 S.W. 64TH ST. MIAMI, FL 33173 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FORTE, FRANKLIN 9001 N.W. 97 TERRACE STREET ADDRESS MEDLEY, FL 33178 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME

12. I hereby 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 add with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**