2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000010067

1. Entity Name
HONDCUB TRUCK CENTER, CORP.

Principal Place of Business	Mailing Address
10099 NW 89TH AVENUE MEDLEY, FL 33178	10099 NW 89TH AVENUE MEDLEY, FL 33178

DO NOT WRITE IN THIS SPACE

50001526

04042007   No Chg-P   CR2E034 (11/05)

4. FEi Number		Applied For
20-7195288		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARRA, BELARMINO A
17742 SW 114 AVENUE
MIAMI, FL 33157

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing   ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PARRA, BELARMINO A
STREET ADDRESS	17742 SW 114 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	S
NAME	PARRA, ANGEL
STREET ADDRESS	17742 SW 114 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #