
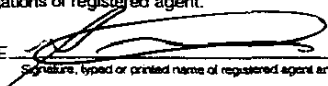



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 027 ***150.00

DOCUMENT # P05000019105					
1. Entity Name STAR TRUCK INC					
Principal Place of Business 6960 SW 39 STREET DAVIE, FL 33314			Mailing Address 6960 SW 39 STREET DAVIE, FL 33314		
2. Principal Place of Business 12742 S.W 49 CT.		3. Mailing Address 12742 S.W 49 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIRAMAR, FL 33027		City & State MIRAMAR, FL 33027		4. FEI Number 20-2293881	
Zip 33027		Country BROWARD.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACEVEDO, MONICA 6960 SW 39 STREET DAVIE, FL 33314			7. Name and Address of New Registered Agent Name <u>ACEVEDO MONICA</u> Street Address (P.O. Box Number is Not Acceptable) <u>12742 S.W 49 CT.</u> City <u>MIRAMAR</u> FL Zip Code <u>33027</u>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>				DATE <u>04/18/06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P NAME ACEVEDO, MONICA STREET ADDRESS 6960 SW 39 STREET CITY-ST-ZIP DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ACEVEDO-MOLINA, NIKOLAI STREET ADDRESS 6960 SW 39 STREET CITY-ST-ZIP DAVIE, FL 33314	<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 C.E.O NAME GUSTAVO ACEVEDO STREET ADDRESS 12742 S.W 49 CT. CITY-ST-ZIP MIRAMAR, FL 33027	<input type="checkbox"/> Change <input checked="" 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	
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	
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 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: 				DATE <u>04/18/06</u> <u>305-829-1780</u> <small>Daytime Phone #</small>	