

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058828

Entity Name: BEST TRUCK RENTAL, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 650368  
MIAMI, FL 332650368

## New Principal Place of Business:

2155 VILLAGE GREEN DR.  
MIAMI, FL 33175

## Current Mailing Address:

PO BOX 650368  
MIAMI, FL 332650368

## New Mailing Address:

FEI Number: 20-2739414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZALDIVAR, BEATRIZ  
3155 VILLAGE GREEN  
MIAMI, FL 33175 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZALDIVAR, BEATRIZ  
Address: 3155 VILLAGE GREEN  
City-St-Zip: MIAMI, FL 33175

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MARINO, OMAR  
Address: 3155 VILLAGE GREEN DR.  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ ZALDIVAR

D

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date