

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90416 002 ***150.00

DOCUMENT # P05000140233																																																																												
1. Entity Name SUNNY TRUCKS, CORP.																																																																												
Principal Place of Business 14040 BISCAYNE BLVD., SUITE 1001 N. MIAMI BCH, FL 33181			Mailing Address 14040 BISCAYNE BLVD., SUITE 1001 N. MIAMI BCH, FL 33181																																																																									
2. Principal Place of Business			3. Mailing Address																																																																									
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																									
City & State			City & State																																																																									
Zip	Country	Zip	Country	03072006 Chg-P CR2E034 (11/05) 4. FEI Number 20-3628124 Applied For Not Applicable																																																																								
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																												
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																									
VUOSO, CARLOS M 14040 BISCAYNE BLVD., SUITE 1001 N. MIAMI BCH, FL 33181			Name																																																																									
			Street Address (P.O. Box Number is Not Acceptable)																																																																									
			City																																																																									
			FL Zip Code																																																																									
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 fee if applicable. (NOTE: Registered Agent signature required when replacing)																																																																												
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY - ST - ZIP</th> <th>☐ Delete</th> </tr> </thead> <tbody> <tr> <td></td> <td>VUOSO, CARLOS M</td> <td>14040 BISCAYNE BLVD., SUITE 1001</td> <td>N. MIAMI BCH, FL 33181</td> <td>☒</td> </tr> <tr> <td></td> <td>LAGIOCONO, RUBEN O</td> <td>14040 BISCAYNE BLVD., SUITE 1001</td> <td>N. MIAMI BCH, FL 33181</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> </tbody> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY - ST - ZIP</th> <th>☐ Change</th> <th>☐ Addition</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		VUOSO, CARLOS M	14040 BISCAYNE BLVD., SUITE 1001	N. MIAMI BCH, FL 33181	☒		LAGIOCONO, RUBEN O	14040 BISCAYNE BLVD., SUITE 1001	N. MIAMI BCH, FL 33181	☐					☐					☐					☐					☐	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition																														
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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: <u><i>LAGIOCONO</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/23/06 786 299 8829 Date Daytime Phone #																																																																										