## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000062484

Address:

City-St-Zip:

8827 NW 149 TERRACE

MIAMI LAKES, FL 33018

Entity Name: POWER TRUCK ENTERPRISE, CORP.

FILED Apr 30, 2008 Secretary of State

Ourself Britain at Black of Brasins			New Britania d Blace	New Painstant Plans of Parations	
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	M AVENUE				
# 140	FL 33012				
ПІАЦЦАП,	FL 33012				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4759 PALI	M AVENUE				
# 140					
HIALEAH,	FL 33012				
FEI Number	: 06-1779937	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
8827 NW	OS, MICHAEL A 149 TERRACE KES, FL 33018	US			
	named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ()	Delete	Title:	( ) Change ( ) Addition	
Name:	CABREJOS, MI	CHAEL A	Name:		
Address:	8827 NW 149 T		Address:		
City-St-Zip:	MIAMI LAKES, I	FL 33018	City-St-Zip:		
Title:	VP (X)	Delete	Title:	( ) Change ( ) Addition	
Name:	FERNANDEZ, M	IARIA MERCEDES	Name:	. , .	
Address:		TH AVENUE APT # 104	Address:		
City-St-Zip:	HIALEAH, FL 3	3018	City-St-Zip:		
Title:	T ()	Delete	Title:	( ) Change ( ) Addition	
Name:	FIGUEROA, PA		Name:	. ,	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL A CABREJOS P 04/30/2008