

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084665

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** BEST TRUCK REPAIR OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

10653 W. OKEECHOBEE RD., BAYS 5 AND 6  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

10653 W. OKEECHOBEE RD., BAYS 5 AND 6  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

10653 W. OKEECHOBEE RD., BAYS 5 AND 6  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

10653 W. OKEECHOBEE RD., BAYS 5 AND 6  
HIALEAH GARDENS, FL 33018

**FEI Number:** 27-1128229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, SEIKEN  
10653 W. OKEECHOBEE RD., BAYS 5 AND 6  
HIALEAH GARDENS, FL 33016 US

**Name and Address of New Registered Agent:**

RODRIGUEZ, SEIKEN  
10653 W. OKEECHOBEE RD., BAYS 5 AND 6  
HIALEAH GARDENS, FL 33018 US

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

01/03/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RODRIGUEZ, SEIKEN  
Address: 10653 W. OKEECHOBEE RD., BAYS 5 AND 6  
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: SEIKEN RODRIGUEZ

D

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date