

## 2005 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 01, 2005 08:00 AM Secretary of State **DOCUMENT # P36970** LATIN-AMERICAN FORKLIFT, LTD. INC. Mailing Address Principal Place of Business 4732 NW 165TH ST P.O. BOX 1015 WIXOM, MI 48393 LIS HIALEAH, FL 33104 US 03142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3018730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TYMOSKO, DENNIS J. DO NOT WRITE 4732 N.W. 165TH STREET HIALEAH, FL 33104 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and tide if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE O'DETTE, JAMES J. NAME PO BOX 1015/30575 ANDERSEN CT STREET ADDRESS WIXOM, MI 48393 CITY-ST-ZIP U00000283252 04/01/05-80019-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplimental reporties 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 of 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 tike empowered.

SIGNATURE:

CITY-ST-ZIP

URBAND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #