


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90339 049 ***150.00

DOCUMENT # P36970		
1. Entity Name LATIN-AMERICAN FORKLIFT, LTD. INC.		

Principal Place of Business 4732 NW 165TH ST HIALEAH, FL 33104 US	Mailing Address P.O. BOX 1015 WIXOM, MI 48393 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03052008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TYMOSKO, DENNIS J. 4732 N.W. 165TH STREET HIALEAH, FL 33104	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008-Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'DETTE, JAMES J. <input type="checkbox"/> Delete PO BOX 1015/30575 ANDERSEN CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPAU, THOMAS M <input type="checkbox"/> Delete PO BOX 1015/30575 ANDERSON CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, HANS JR <input type="checkbox"/> Delete PO BOX 1015/30575 ANDERSON CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEHELEY, PATRICK <input type="checkbox"/> Delete PO BOX 1015/ 30575 ANDERSON CGT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPPAN, CHARLES O <input type="checkbox"/> Delete PO BOX 1015/ 30575 ANDERSON CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cheryl K. Wright 4.10.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #