

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36970

FILED
Mar 19, 2009
Secretary of State

Entity Name: LATIN-AMERICAN FORKLIFT, LTD. INC.

Current Principal Place of Business:

4732 NW 165TH ST
HIALEAH, FL 33104 US

New Principal Place of Business:

1360 SW 32ND WAY
DEERFIELD BEACH, FL 33442 US

Current Mailing Address:

P.O. BOX 1015
WIXOM, MI 48393 US

New Mailing Address:

FEI Number: 38-3018730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYMOSKO, DENNIS J.
4732 N.W. 165TH STREET
HIALEAH, FL 33104 US

Name and Address of New Registered Agent:

THOMAS CAMPAU, JR.
1360 SW 32ND WAY
DEERFIELD BEACH, FL 33442 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: THOMAS A. CAMPAU, JR.

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: O'DETTE, JAMES J.,
Address: PO BOX 1015/30575 ANDERSEN CT
City-St-Zip: WIXOM, MI 48393

Title: D () Delete
Name: CAMPALL, THOMAS M
Address: PO BOX 1015/30575 ANDERSON CT
City-St-Zip: WIXOM, MI 48393

Title: D () Delete
Name: ANDERSON, HANS JR
Address: PO BOX 1015/ 30575 ANDERSON CT
City-St-Zip: WIXOM, MI 48393

Title: D (X) Delete
Name: FEHELEY, PATRICK
Address: PO BOX 1015/ 30575 ANDERSON CGT
City-St-Zip: WIXOM, MI 48393

Title: D (X) Delete
Name: TAPPAN, CHARLES O
Address: PO BOX 1015/ 30575 ANDERSON CT
City-St-Zip: WIXOM, MI 48393

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAMPAU, THOMAS M
Address: PO BOX 1015/30575 ANDERSON CT
City-St-Zip: WIXOM, MI 48393

Title: D (X) Change () Addition
Name: CAMPAU, THOMAS A JR
Address: PO BOX 1015/30575 ANDERSON CT
City-St-Zip: WIXOM, MI 48393

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: THOMAS A. CAMPAU, JR.

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date