


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90304 030 ***150.00

DOCUMENT # P93000003613	
1. Entity Name FORKLIFT SALES & EXPORT, INC.	

Principal Place of Business 9092 NW SOUTH RIVER DR #58 MEDLEY, FL 33166 US	Mailing Address 9092 NW SOUTH RIVER DR #58 MEDLEY, FL 33166 US
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DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0384681	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROMERO, ORLANDO
9092 NW SOUTH RIVER DR
#58
MEDLEY, FL 33166**

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P ROMERO, ORLANDO 9092 NW SOUTH RIVER DR MEDLEY, FL 33166
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IN THIS SPACE**

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:  **6/2/06, 305 988-0768.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____