

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90307 033 ***150.00

DOCUMENT # P94000081031

1. Entity Name

TRUCK MASTERS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710 NW 27 AVE

Suite, Apt. #, etc.

3. Mailing Address

4766 Lago Vista Dr.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

COCONUT CREEK FL

4. FEI Number

65-0533304

Applied For

Not Applicable

Zip

33311

Country

US

Zip

33073

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BAUTISTA, MARIANO JR.

Street Address (P.O. Box Number is Not Acceptable)

4766 LAGO VISTA DR

City

COCONUT CREEK

FL

Zip Code

33073

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUTISTA, MARIANO JR 4766 LAGO VISTA DR. COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUTISTA, ALICIA 4766 LAGO VISTA DR COCONUT CREEK FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adrian Bautista
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUTISTA, ADRIAN J. 4766 LAGO VISTA DR COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4766 Lago Vista Dr. Coconut Creek, FL 33073
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alicia Bautista Alicia Bautista

Date

4/5/06

Daytime Phone #

954 337-1277