2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State
07-31-2008 90044 005 ***150.00
09-02-2008 90032 030 ***400.00

DOCUMENT # P94000088375

1. Entity Name
KLASSIC TRUCK SALES, INC.

Principal Place of Business	Mailing Address
6500 COWBEN ROAD SUITE 305 MIAMI LAKES, FL 33014 US	6500 COWBEN ROAD SUITE 305 MIAMI LAKES, FL 33014 US

07282008 Chg-P CR2E034 (12/06)

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

4. FEI Number 65-0538733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEIL, DANIEL M 6500 COWKEU RD SUITE 305 MIAMI LAKES, FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPV TOLEDO, EVELIO 3325 NW 36TH STRET MIAMI, FL	☐ Delete	DPV Toledo, Evelio 15321 N W 60 Ave #100 Miami Lakes, Fl. 33014	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOLEDO, MARIA E 3325 NW 36TH STRET MIAMI, FL	☐ Delete	V Toledo, Maria E 15321 N W 60 ave. #100 Miami Lakes, Fl. 33014	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 7/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #