

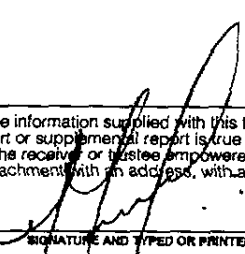


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000015171			
1. Entity Name BEST TRUCK REPAIR, INC.			
Principal Place of Business 10653 W. OKEECHOBEE ROAD HIALEAH GARDENS, FL 33016	Mailing Address 10653 W. OKEECHOBEE ROAD HIALEAH GARDENS, FL 33016		
DO NOT WRITE IN THIS SPACE			
		03172004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0641932	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLINGER, SCOTT R 8180 N.W. 36TH STREET SUITE 100 MIAMI, FL 33166		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 _____ (NOTE: Registered Agent signature required when remitting) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 00000098143 03/29/04-80029-001 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BETANCOURT, FIDEL 8231 NW 165TH TERRA HIALEAH, FL 33016		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELOZ, ELEODORO 7751 W 73RD PL HIALEAH, FL 33014		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 507, 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: 		3/19/01 305-362-4438 Date Daytime Phone	