

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015171

FILED
Feb 21, 2007
Secretary of State

Entity Name: BEST TRUCK REPAIR, INC.

Current Principal Place of Business:

10653 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

10653 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33018

Current Mailing Address:

10653 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

New Mailing Address:

10653 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33018

FEI Number: 65-0641932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORS, JORGE L
1108 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BETANCOURT, FIDEL
Address: 8231 NW 165TH TERRA
City-St-Zip: HIALEAH, FL 33016

Title: DS () Delete
Name: RODRIGUEZ, SEIKEN
Address: 7170 W HOOD STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BETANCOURT, FIDEL
Address: 10653 W. OKEECHOBEE ROAD
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: DS (X) Change () Addition
Name: RODRIGUEZ, SEIKEN
Address: 10653 W. OKEECHOBEE ROAD
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the 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: FIDEL BETANCOURT

DPT

02/21/2007

Electronic Signature of Signing Officer or Director

Date