2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90182 011 ***150.00

DOCUMENT # P97000030892

1. Entity Name
KENDALL TRUCK RENTAL, INC.

Principal Place of Business	Mailing Address
10662 SW 186 ST MIAMI, FL 33157 US	10662 SW 186 ST MIAMI, FL 33157 US

05032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16932 South Dixie	16932 South Dixie Hwy
Suite, Apt. #, etc. Hwy	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33157 Country USA	Zip 33157 Country USA.

4. FEI Number 65-0748246 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONDE, HECTOR
~~10662 SW 186 ST~~
~~MIAMI, FL 33157~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 16932 South Dixie Hwy
City Miami FL Zip Code 33176

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] Hector Conde 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONDE, HECTOR E ~~10662 SW 186 ST~~ 16932 South Dixie Hwy ~~MIAMI, FL 33157~~ Miami FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/04 305-971-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #