


**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

60022728

<b>DOCUMENT # P98000096262</b>				03-27-2006 90267 047 ***150.00	
1. Entity Name <b>MEDLEY TRUCK, INC.</b>					
Principal Place of Business <b>1420 BISCAYNE DR. SURFSIDE, FL 33154</b>		Mailing Address <b>1420 BISCAYNE DR. SURFSIDE, FL 33154</b>			
2. Principal Place of Business <b>696 NE 125 ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>696 NE 125 ST.</b> Suite, Apt. #, etc.		<b>60022728</b> 	
City & State <b>NORTH MIAMI, FL</b>		City & State <b>NORTH MIAMI, FL</b>		4. FEI Number <b>65-0890769</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33161-5546</b> Country <b>USA</b>		Zip <b>33161-5546</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SILVER, SCOTT A 1110 BRICKELL AVE. PH-1 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>D IZHAK, YORAM 711 WEST 16TH STREET HIALEAH, FL 33010</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D CABREIZO, TOM 1420 BISCAYNE DR. SURFSIDE, FL 33154</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MALLER, ERIC 1420 BISCAYNE DR. SURFSIDE, FL 33154</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>1/16/06</b> Date Daytime Phone #					