## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 17, 2004 8:00 am Secretary of State

DOCUMENT # P99000024434  1. Entity Name BITEL FORKLIFT DELIVERY SERVICE, INC.					05-17-2004 90021 045 ***150.00			
Principal Place of Business		Mailing Address			24076405			
33210 PORTAGE PATH RIDGE MANOR, FL 33525		P.O. BOX 551 Trilby, FL 33593						
					 	(2)	)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05122004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numbe 59-3318			plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	\$8.75 Add	
6. Na	me and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
BITEL, DENIS				Name				
33210 PORTAGE PATH DADE CITY, FL 33523			Street Address (P.O. Box Number is Not Acceptable)					
				City	FL Zip Code			
8. The above named e the obligations of re		r the purpose of changing its r	registere	ed office or register	red agent, or bot	n, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURESignature, t	yped or printed name of registered agent	and title if applicable. (NOTE:	: Registered	d Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	In accordance v corporation did	with s. 607.193(2)(b), not receive the prior r	F.S., the notice.	
10.	- OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTOR	3 IN 11
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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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Date

Daytime Phone #