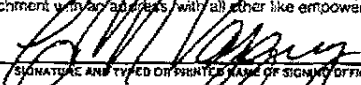


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000067025		
1. Entity Name FLORIDA SPORT TRUCKS, INC.		
Principal Place of Business 2301 S. 50TH STREET TAMPA, FL 33619		Mailing Address 2301 S. 50TH STREET TAMPA, FL 33619
DO NOT WRITE IN THIS SPACE		
		04282004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3590032
5. Certificate of Status Desired ☐		Applied For Not Applicable
		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent		
VAZQUEZ, CARLOS M 3214 LEILA AVENUE TAMPA, FL 33611		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with 1 re-stating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	VAZQUEZ, CARLOS M	
STREET ADDRESS	3214 LEILA AVENUE	
CITY- ST- ZIP	TAMPA, FL 33611	
TITLE	S	
NAME	VAZQUEZ, YEANORI	
STREET ADDRESS	3214 LEILA AVE	
CITY- ST- ZIP	TAMPA, FL 33611	
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 this 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: 		C.M. VAZQUEZ 4-28-04 813-248-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #