


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000067025 1. Entity Name FLORIDA SPORT TRUCKS, INC.	
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Principal Place of Business 2301 S. 50TH STREET TAMPA, FL 33619	Mailing Address 2301 S. 50TH STREET TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3590032	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. 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.

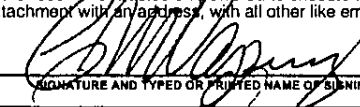
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000710746 04/25/07-80056-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, CARLOS M 3214 LEILA AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAZQUEZ, YEANORI 3214 LEILA AVE TAMPA, FL 33611
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IN THIS SPACE**

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:  **C M VAZQUEZ** **4-11-07** **8132482263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #