



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S56396</b> 1. Entity Name OJL FORKLIFTS & EQUIPMENT, INC.	
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Principal Place of Business 3701 N.W. 62ND STREET MIAMI, FL 33147-7541	Mailing Address 3701 N.W. 62ND STREET MIAMI, FL 33147-7541
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0265810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, OSVALDO  
650 EAST 7TH AVENUE  
HIALEAH, FL 33010

**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: Ubaldo Gonzalez 1/16/08  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, OSVALDO 650 E. 7TH AVE. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSE A 631 NE 1ST PL HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GONZALEZ, UBALDO 652 E 7TH AVE HIALEAH, FL 33010
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U00000738434  
01/18/08-80041-004 150.00

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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: Ubaldo Gonzalez 1/16/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #