


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90353 019 \*\*\*\*55.00

**DOCUMENT # L06000046976**

1. Entity Name  
**SOS TRUCKING LLC**



Principal Place of Business 508 VILLA DEL SOL LANE 202 ORLANDO, FL 32824 US	Mailing Address 508 VILLA DEL SOL LANE 202 ORLANDO, FL 32824 US
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2. Principal Place of Business - No P.O. Box # <b>15205 WINDMILL HARBOR CT</b>	3. Mailing Address <b>15205 WINDMILL HARBOR CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32828</b>	Zip <b>32828</b>
Country <b>USA</b>	Country <b>USA</b>

01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4038728**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEINADO, SOSTENES A SR**  
**508 VILLA DEL SOL LANE**  
**202**  
**ORLANDO, FL 32824**

7. Name and Address of New Registered Agent

Name  
**SOSTENES A. PEINADO**

Street Address (P.O. Box Number is Not Acceptable)  
**15205 WINDMILL HARBOR CT**

City **ORLANDO** FL Zip Code **32828**

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)

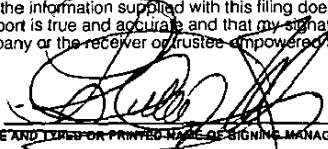
**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR REYES, RUBY D 508 VILLA DEL SOL LANE #202 ORLANDO, FL 32824</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUBY D. REYES 15205 WINDMILL HARBOR CT. ORLANDO FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOSTENES A. PEINADO 15205 WINDMILL HARBOR CT. ORLANDO FL 32828</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/3/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #