2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2005 08:00 AM Secretary of State

01-07/2005 - 1305) 698-9945

		 		_ :-	adii 12	, ∠ ∪∪⊃	
DOCUMENT # P01000030771 1. Entry Name V & M TRUCKING, CORP.		'1		, i vien	Sec	retary	of State
5491 WEST	24 AVE STE 8	Mailing Address 5491 WEST 24 AVE STE 8 HIALEAH GARDENS, FL 33016	6		II BRIBE (1811 BRIS BRIII BRIII)	Naimn siife na iif inaii	(NES) (MINE) (T. 188)
	OO NOT WRITE I	CE	01072005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For				
	5, Name and Address of Current Regi			65-111			Not Applicable 5 Additional equired
5491 WES	JEZ, VICTOR M ST 24 AVE STE 8 GARDENS, FL 33016				NOT WI		
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and little		ed office or regis		th, in the State of Flor	lda. I am famillai	with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		5.00 May Be dded to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD RODRIGUEZ, VICTOR M 5491 WEST 24 AVE STE 8 HIALEAH GARDENS, FL 33016	CTORS			0000001 01/13/05-8	7980 9 80033-015	158.75
NAME STREET ADDRESS CITY-ST-ZIP							*
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	· :		
TITLE NAME STREET AODRESS CITY-ST-ZIP							
12. I hereby a indicated of the cor changed	certify that the information supplied with this is on this report or supplemental report is true reportation or the receiver or trustee empowered, or on an attachment with an accordance with a	illing does not qualify for the exe and accurate and that my signal of to execute this report as requi without like empowered	mption stated in ture shall have th red by Chapter 6	Section 119,07(3)(e same legal effec 107, Florida Statute	i), Florida Statutes. I f it as if made under oa is; and that my name	urther certify that ith; that I am an c appears in Block	the information officer or director c 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:)