

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110685

**FILED
Jul 02, 2007
Secretary of State**

Entity Name: ALMEIDA TRUCKING CORP.

Current Principal Place of Business:

10575 NW 34TH AVE.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

10575 NW 34TH AVE.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-1152747 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIVERA, XIOMARA
10575 NW 34TH AVE
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERA, XIOMARA
Address: 10575 NW 34TH AVE
City-St-Zip: MIAMI, FL 33147

Title: P () Delete
Name: RIVERA, XIOMARA
Address: 10575 NW 34TH AVE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XIOMARA RIVERA

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07/02/2007

Electronic Signature of Signing Officer or Director

_____ Date