

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000033685			
1. Entity Name JAIME TRUCKING, INC.			
Principal Place of Business 110 JUNG BLVD. W NAPLES, FL 34120		Mailing Address 110 JUNG BLVD. W NAPLES, FL 34120	
DO NOT WRITE IN THIS SPACE		01132005 No Chg-P CM2E034 (10/03)	
		4. FEI Number 02-0561724	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVA, JAIME 110 JUNG BLVD. W NAPLES, FL 34120		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 <u>Jaime Oliva</u> <u>JAIME OLIVA (PRESIDENT)</u>		DATE <u>1/20/05</u>	
Signature, typed or printed name of registered agent and the fee applicable.		(NOTE: Registered Agent signature required when retreating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing True: Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLIVA, JAIME 110 JUNG BLVD. W NAPLES, FL 34120		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jaime Oliva</u> <u>JAIME OLIVA (PRESIDENT)</u>		Date <u>1/20/05</u> 239 3480778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	