


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000112950**

1. Entity Name  
 NAVARRO-PALMA "SEMINOLE" TRUCK SERVICES, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 4690 US HIGHWAY 27 4690 US HIGHWAY 27  
 WESTON, FL 33332-2000 WESTON, FL 33332-2000

**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number **55-0802575** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NAVARRO, SIXTO R  
 78 NW 17TH COURT #5  
 MIAMI, FL 33125

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAVARRO, SIXTO R
STREET ADDRESS	78 NW 17TH COURT #5
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VD
NAME	PALMA, TRINIDAD E
STREET ADDRESS	19421 SW 119TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000298602  
 04/11/05-80074-012 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* **4-4-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #