2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000022233

1. Entity Name

A & É TRUCKING, INC.



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

2954 CONNER LN. KISSIMMEE, FL 34741 Mailing Address

2954 CONNER LN. KISSIMMEE, FL 34741



02192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3771282

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CASTANEIRA, ESPERANZA

DO NOT WRITE

2954 CONNER LN. KISSIMMEE, FL 34741			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 Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, ANASTACIO 2954 CONNER LN. KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000649230 03/07/07-80041-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is indicated 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:

TITLE

NAME STREET ADDRESS CITY+ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #