

192


05-04-2004 90152 011***150.00
P03000075349

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 27 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000075349			
1. Entity Name L & A TRUCKING, INC.			
Principal Place of Business 3148 HANGING MOSS CIRCLE KISSIMMEE, FL 34741		Mailing Address 3148 HANGING MOSS CIRCLE KISSIMMEE, FL 34741	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RAMOUTAR, CHANDRA S 3148 HANGING MOSS CIRCLE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOUTAR, CHANDRA S 3148 HANGING MOSS CIRCLE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAMOUTAR CHANDRA 3148 HANGING MOSS CIRCLE KISSIMMEE, FL-34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEKALI, RAMOUTAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3148 HANGING MOSS CIRCLE KISSIMMEE, FL-34741 (PRESIDENT)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Chandra Ramoutar</u>		Date	3-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		V07931-3342 <small>Phone No.</small>	

202

ATTENTION

Ruby

08/27/04

To whom it may concern,

Dear Sir/Madam

This letter is to verify that I, the Director of L.A. Trucking have received a letter dated May 19th 2004 regarding a request of correction

I would very much appreciate if you could make the necessary change.

Thank you for your cooperation.

Antonio Lopez
Director/Trucking