


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90122 007 \*\*\*150.00

**DOCUMENT # P04000132789**

1. Entity Name  
**SUSARTE DE ORO TRUCKING, CORP.**



Principal Place of Business      Mailing Address  
**6923 W 15 AVE.**      **6923 W 15 AVE.**  
**HIALEAH, FL 33014**      **HIALEAH, FL 33014**

2. Principal Place of Business      3. Mailing Address  
**19500 SW 118 AVE**      **19500 SW 118 AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami FL**      **Miami FL**

Zip      Country      Zip      Country  
**33177**      **USA**      **33177**      Country



04272005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-1655596**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SUSARTE, OMAR**  
**6923 W 15 AVE.**  
**HIALEAH, FL 33014**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**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	D	<input type="checkbox"/> Delete
NAME	SUSARTE, OMAR	
STREET ADDRESS	6923 W 15 AVE.	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ORO, JULIO C	
STREET ADDRESS	6923 W 15 AVE.	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Susarte*      Date: 5/19/05      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #