## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: RAUL HORTA GARCIA

## Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P05000162015 1. Entity Name 04-18-2006 90078 033 \*\*\*158.75 WESTAR TRUCKING & EQUIPMENT, INC. Principal Place of Business Mailing Address 2458 SW 16TH STREET MIAMI FL 33145 **2458 SW 16TH STREET** MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-3934512 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORTA, RAUL Street Address (P.O. Box Number is Not Acceptable) **2458 SW 16TH STREET MIAMI FL 33145** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE ☐ Change Addition NAME HORTA, RAUL NAME STREET ADDRESS 2458 SW 16TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP ۷D TITLE ☐ Delete TETL E ☐ Change Addition MAME HORTA, LUCIANO R NAME STREET ADDRESS 2458 SW 16TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-7IP TITLE Delete TD TITLE ☐ Change ☐ Addition NAME NAME ALMENAREZ, JAIME STREET ADDRESS STREET ADDRESS 2458 SW 16TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED