

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90032 001 ***150.00

DOCUMENT # P06000010911

1. Entity Name
A & A ESPADA TRUCKING, CORP.



Principal Place of Business
3517 NE 17TH PL
CAPE CORAL, FL 33909

Mailing Address
3517 NE 17TH PL
CAPE CORAL, FL 33909

2. Principal Place of Business - P.O. Box #
3521 NE 17th PL
Suite, Apt. #, etc.

3. Mailing Address
3521 NE 17th PL
Suite, Apt. #, etc.



03132007 Chg-P CR2E034 (12/06)

City & State
CAPE CORAL, FL
Zip 33909 Country US

City & State
CAPE CORAL, FL
Zip 33909 Country US

4. FEI Number
20-4181576
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESPADA, ANGEL
3517 NE 17TH PL
CAPE CORAL, FL 33909

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-appointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ESPADA, ANGEL ☐ Delete
STREET ADDRESS 3517 NE 17TH PL
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE VP
NAME ESPADA, AHMED ☐ Delete
STREET ADDRESS 3521 NE 17TH PL
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2007 (786) 402-2457

Date

Home Phone #