


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90014 033 ***150.00

DOCUMENT # *P97000603074*

1. Entity Name
27th Trucks, Inc.
8975 NW 27 Ave
Miami, FL 33147



DO NOT WRITE IN THIS SPACE

24027868

2. Principal Place of Business
8975 NW 27th Ave
Suite, Apt. #, etc.

3. Mailing Address
same as above
Suite, Apt. #, etc.

City & State
Miami, FL 33147

City & State

Zip
33147 Country
USA

Zip Country

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number *65-0737078* Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name *David de la Paz*

Street Address (P.O. Box Number is Not Acceptable)
8975 NW 27 Ave

City *Miami* FL Zip Code *33147*

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 *David de la Paz* *David de la Paz* DATE *3/16/04*

* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <i>DAVID de La Paz</i> <i>8975 NW 27 AVE</i> <i>Miami, FL 33147</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David de la Paz* *David de la Paz* DATE *3/16/04* (305) *835-9030*

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

CR2E034B (12/02)