


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90268 002 ***150.00

DOCUMENT # P99000089810

1. Entity Name
J.C. AURORA'S TRUCKING, INC.



Principal Place of Business Mailing Address
 4900 SW 154 PL 4900 SW 154 PL
 MIAMI, FL 33185 MIAMI, FL 33185

20046249



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03282005 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0953033 Not Applicable

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

6. Name and Address of Current Registered Agent
PUENTE, HOMERO
739 E. 35TH ST.
HIALEAH, FL 33013

7. Name and Address of New Registered Agent
 Name
HOMERO PUENTE
 Street Address (P.O. Box Number is Not Acceptable)
4900 S.W. 154 PLACE
 City State Zip Code
MIAMI FL 33185

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUENTE, HOMERO		NAME		
STREET ADDRESS	4900 SW 154 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOMERO, PUENTE		NAME		
STREET ADDRESS	4900 SW 154 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUENTE, GUMARO		NAME		
STREET ADDRESS	4900 SW 154 P2		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 amendment with an address, with all other like empowered.

SIGNATURE  Date **4/21/05** Daytime Phone # **786-367-6365**

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