


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000089810 1. Entity Name J.C. AURORA'S TRUCKING, INC.	
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Principal Place of Business 4900 SW 154 PL MIAMI, FL 33185	Mailing Address 4900 SW 154 PL MIAMI, FL 33185
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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0953033	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUENTE, HOMERO
4900 SW 154 PLACE
MIAMI, FL 33185

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PD PUENTE, HOMERO 4900 SW 154 PL MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOMERO, PUENTE 4900 SW 154 PL MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUENTE, GUMARO 4900 SW 154 P2 MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/15/06-80064-006 158.75

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:  _____ DATE: 4/27/06 DAYTIME PHONE #: 786-367-6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR