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3/29/2004-90077-050-$150.00-$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
'04 JUN 10 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR

DOCUMENT # P00000055273

1. Entity Name
Ulloa Trucking Services Corp.

Principal Place of Business: Presidente

Mailing Address: 255 E 34 S.T Hialeah, FL 33013

2. Principal Place of Business	3. Mailing Address
Manuel Ulloa	Manuel Ulloa
Suite, Apt. #, etc. 255 E 34 S.T	Suite, Apt. #, etc.
City & State Hialeah FL	City & State
Zip 33013 Country	Zip Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1023567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Mayda Torres
Street Address (P.O. Box Number is Not Acceptable): 255 E 34 S.T
City: Hialeah FL FL Zip Code: 33013

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 X [signature] 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANUEL ULLOA 255 E 34 St HIALEAH, FL 33013 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAYDA TORRES 255 E 34 St HIALEAH, FL 33013 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] 01/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P5. 2052

June 3, 2004

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: ULLOA TRUCKING SERVICES CORP

Ref: P00000055273

Enclosed please find the copy of the 2004 Annual Report, with the information that was missing.

We wish to apologize for the delay this time, and request a waiver of the late fee, because person in charge of the paperwork was admitted into the hospital; and it was not until today that she came back, and we took care of this issue at once.

We thank you for your understanding.

Sincerely,

Mayda Torres
Vice-president