2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90386 003 ***150.00

DOCI	JMENT	# P050	ากกกว	2212
11111111	JIVIT IV I	# ピリスに	JUUUZ	



1. Entity Name ORLANDO'BARRIOS TRUCKING, INC.									
3350 SW MARTIN ST.		Mailing Address 3350 SW MARTIN ST. PORT ST. LUCIE, FL 34953 US		40075024					
Principal Place of Business 3.		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State	City & State		4. FEI Numbe	23089	182		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	litional d
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New R	egistered A	Agent	
ESCALON	A AMARILIS SECR		IN.	lame					
ESCALONA, AMARILIS SECR 3350 SW MARTIN ST. PORT ST. LUCIE, FL 34953			Street Address		P.O. Box Numbe	er is Not Acceptable)		
:		C	Sity			FL	Zip Code	е	
8. The above the obligat	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	E: Registered Age	ent signature required	when reinstating)	75.72	OATE		
	÷		•		1				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campai Trust Fund Contr		+	00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRIOS, ORLANDO 3350 SW MARTIN ST. PORT ST. LUCIE, FL. 34953	☐ Defete	TITLE NAME STREET AD CITY-ST-2					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	SECR ESCALONA, AMARILIS 3350 SW MARTIN ST. PORT ST. LUCIE, FL 34953	☐ Delete	TITLE NAME STREET AD CITY-ST-2					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-S1-2					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET AD CITY-ST-2	DDRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	THILE NAME STREET AD CITY-ST-2					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET AD CITY-SI-	1				☐ Change	☐ Addition
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.									