

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 494435

1. Entity Name
EAGLE OVER HAULING INC.



FILED

07 MAR 27 PM 2:14

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

Mailing Address
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1650117

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

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME ACOSTA, PEDRO JR. ☐ Delete
STREET ADDRESS 1425 WEST 4 LANE
CITY-ST-ZIP HIALEAH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SAD
NAME ACOSTA, CARLOS A ☐ Delete
STREET ADDRESS 1265 WEST 5TH COURT
CITY-ST-ZIP HIALEAH, FL

TITLE ☐ Change ☐ Addition
NAME 000095172850
STREET ADDRESS 03/28/07--01041--013 **158.75
CITY-ST-ZIP

TITLE ATD
NAME ACOSTA, JORGE LUIS ☐ Delete
STREET ADDRESS 1445 WEST 5TH COURT
CITY-ST-ZIP HIALEAH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ACOSTA, AIDA ☐ Delete
STREET ADDRESS 1365 WEST 5 COURT
CITY-ST-ZIP HIALEAH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *JL Acosta*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07

Date

(305) 856-0050

Daytime Phone #

JORGE LUIS ACOSTA, ASSISTANT TRESURER