


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 004 ***150.00

DOCUMENT # 628945 1. Entity Name ARTURO'S MOVING SERVICE, INC.					
Principal Place of Business 4101 NORTH WESTSHORE BOULEVARD TAMPA, FL 33614			Mailing Address 17110 GATE BLVD MEDERM BEACH, FL 33708		
2. Principal Place of Business - No P.O. Box # 14110 Gulf Blvd.		3. Mailing Address 14110 Gulf Blvd.			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102			
City & State Madeira Beach, FL		City & State Madeira Beach, FL		4. FEI Number 59-1925597	
Zip 33708		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33708		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRENO, DANIEL A. 4101 NORTH WESTSHORE BOULEVARD TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Rose M. Carreno Street Address (P.O. Box Number is Not Acceptable) 14110 Gulf Blvd. Suite 102 City Madeira Beach FL 33708	
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 <i>Rose M. Carreno</i>		Rose M. Carreno		April 4, 2007	
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. <input type="checkbox"/> \$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	TD CARRENO, DANIEL A 4101 N WESTSHORE BLVD TAMPA, FLORIDA 00000,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARRENO, ROSE M 4101 N WESTSHORE BLVD TAMPA, FLORIDA 00000,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Rose M. Carreno 14110 Gulf Blvd. Madeira Beach, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Rose M. Carreno</i> Rose M. Carreno, Pres. 4/4/07 (727)393-0824					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

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