

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F11774 1. Entity Name JUNER TRUCK INC.	
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Principal Place of Business 10505 W OKEECHOBEE RD SUITE #201 HIALEAH GARDENS, FL 33018	Mailing Address 10505 W OKEECHOBEE RD SUITE #201 HIALEAH GARDENS, FL 33018
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03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2049087	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JUAN ALVAREZ 111 SW 3RD ST., 6TH FLOOR 10440 NW 132ND ST. HIALEAH, FL 33018
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

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

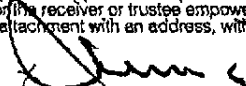
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALVAREZ, JUAN 10440 NW 132ND STREET HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, NEREYDA 10440 NW 132ND STREET HIALEAH, FL 33018
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03/23/06-00007-029 158.75

**DO NOT WRITE
IN THIS SPACE**

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:  **JUAN ALVAREZ**
PRESIDENT **03/08/06 (305) 557-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #