2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Apr 11, 2005 08:00 AM **DOCUMENT # G28115 Secretary of State** 1. Entity Name D.G.M. TRUCK SERVICES INC. Principal Place of Business Mailing Address C/O DIOSCORO GUERRA C/O DIOSCORO GUERRA 2600 W. 3 AVENUE **2600 W. 3 AVENUE** HIALEAH, FL 33010 HIALEAH, FL 33010 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2259635 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent GUERRA, DIOSCORO DO NOT WRITE 2600 W. 3 AVENUE HIALEAH, FL 33010 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 anent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE GUERRA, DIOSCORO NAME 2600 WEST 3RD AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 U00000299219 04/11/05-80100-001 150.00 TITLE RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: A

CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TY D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR