

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J00187**

1. Entity Name  
**TRUCK BROKERAGE BY NATIONAL, INC.**



Principal Place of Business  
**% ALEX ACOSTA  
12060 NW SOUTH RIVER DR.  
MEDLEY, FL 33178**

Mailing Address  
**% ALEX ACOSTA  
12060 NW SOUTH RIVER DR.  
MEDLEY, FL 33178**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2673512**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ACOSTA, ALEX  
12060 NW SOUTH RIVER DR.  
MEDLEY, FL 33178**

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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 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

**000000582788  
01/11/07-80046-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ACOSTA, ALEJANDRO
STREET ADDRESS	12060 NW SOUTH RIVER DR.
CITY-ST-ZIP	MEDLEY, FL
TITLE	DST
NAME	MARTA ELORTEGUI
STREET ADDRESS	12060 NW SOUTH RIVER DR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Alexander Acosta - President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/07 305-888-1717*  
Date Daytime Phone