

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90238 030 ****55.00

DOCUMENT # L00000015340

1. Entity Name
FLORES BOYS TRUCKING, LLC



Principal Place of Business
401 N SR 29
FELDA, FL 33920

Mailing Address
P.O. BOX 2727
LABELLE, FL 33975



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1062607

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLORES, JUAN G
401 N SR 29
FELDA, FL 33920

JUAN P. FLORES
400 SR 29 S
FELDA, FL 33930

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLORES, JUAN SR
STREET ADDRESS	400 N SR 29
CITY-ST-ZIP	FELDA, FL 33930
TITLE	MGR
NAME	FLORES, JOSE
STREET ADDRESS	400 N SR 29
CITY-ST-ZIP	FELDA, FL 33930
TITLE	MGR
NAME	FLORES, REFUGIO
STREET ADDRESS	400 N SR 29
CITY-ST-ZIP	FELDA, FL 33930
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/13/04 863675-4924