FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 9:53

DOCUMENT # L04000035030

1. Entity Name
Cristal Trucking LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4601 East Moody Blvd	1515 Ridge Wood Ave
Suite, Apt. #, etc. Unit 87	Suite, Apt. #, etc. A
City & State Bunnell FL	City & State Holly Hill FL
Zip 32110 Country USA	Zip 32117 Country USA

DO NOT WRITE IN THIS SPACE

14. FEI Number 20-1094626 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Joe Loguidice

Street Address (P.O. Box Number is Not Acceptable) 1515 Ridge Wood Ave Ste A

City Holly Hill FL Zip Code 32117

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 _____ 10/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE M6R NAME Delgado Rolando STREET ADDRESS 35 Princess Rose Dr CITY-ST-ZIP Palm Coast FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800061451408 11/15/05--01078--012 **150.00
TITLE MGR NAME ADD Delgado Mercedes STREET ADDRESS 35 Princess Rose Dr CITY-ST-ZIP Palm Coast FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Delgado Rolando 10/30/05 386/931-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #