


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90305 001 ***150.00
05-09-2005 90305 002 ***400.00

DOCUMENT # M38466 1. Entity Name HEAVY HAULING & LEASING, INC.	
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Principal Place of Business C/O ALEJANDRO ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178	Mailing Address C/O ALEJANDRO ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178
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04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2721556	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ACOSTA, ALEJANDRO 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178
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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 reinstating) DATE _____

**FILE NOW!!! FEE is \$150.00
After May 1, 2005 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	PD ACOSTA, ALEJANDRO 12060 NW SO RIVER DR MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, ESTEBAN JR 1712 S.W. 99TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELORTEGUI, MARTA 12060 NW S RIVER DR MEDLEY, FL 33178
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prasid. **4/28/05 (305) 888-1717**
Date Daytime Phone #