

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M38466

1. Entity Name
HEAVY HAULING & LEASING, INC.



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**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2721556

Applied For
Not Applicable

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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000781398
01/15/08-80033-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ACOSTA, ALEJANDRO
STREET ADDRESS	12060 NW SO RIVER DR
CITY-ST-ZIP	MEDLEY, FL
TITLE	VD
NAME	ACOSTA, ESTEBAN JR
STREET ADDRESS	1712 S.W. 99TH PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	ELORTEGUI, MARTA
STREET ADDRESS	12060 NW S RIVER DR
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: ALEJANDRO ACOSTA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 (305)888-1717

Date

Daytime Phone #