## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M38466

ELORTEGUI, MARTA

MEDLEY, FL 33178

12060 NW S RIVER DR

Name:

Address: City-St-Zip:

Entity Name: HEAVY HAULING & LEASING, INC.

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O ALEJANDRO ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178 **Current Mailing Address: New Mailing Address:** C/O ALEJANDRO ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178 FEI Number: 59-2721556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACOSTA, ALEJANDRO 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ACOSTA, ALEJANDRO Name: Name: 12060 NW SO RIVER DR Address: Address: City-St-Zip: MEDLEY, FL City-St-Zip: Title: VD Title: () Delete () Change () Addition ACOSTA, ESTEBAN JR Name: Name: 1712 S.W. 99TH PLACE Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: STD ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEJANDRO ACOSTA PD 04/28/2009