

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M38959

1. Entity Name
FLORIDA TANK LINES AND LEASING, INC.



Principal Place of Business

**C/O ALEJANDRO ACOSTA
12060 NW S RIVER DR.
MEDLEY, FL 33178**

Mailing Address

**C/O ALEJANDRO ACOSTA
12060 NW S RIVER DR.
MEDLEY, FL 33178**



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2733429

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ACOSTA, ALEJANDRO
12060 NW S RIVER DR.
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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ACOSTA, ALEJANDRO
STREET ADDRESS 12060 NW S RIVER DR.
CITY-ST-ZIP MEDLEY, FL

TITLE SDT
NAME ELORTEGUI MARTA
STREET ADDRESS 12060 NW SOUTH RIVER DR
CITY-ST-ZIP MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/15/08-80029-003 150.00

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 #