

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # N00000002070**

1. Entity Name

**SUPPORT TRUCKING GROUP INC.**



08-23-2004 90143 001 \*\*\*\*\*61.25

08-23-2004 90143 002 \*\*\*\*\*8.75

Principal Place of Business

**6436 S.W. 13TH ST  
MIAMI FL 33144**

Mailing Address

**6436 S.W. 13TH ST  
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0998034**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUAS, ORESTES  
6436 S.W. 13TH ST  
MIAMI FL 33144**

Name

**AXEL VEIGA**

Street Address (P.O. Box Number is Not Acceptable)

**1165 S.W. 141<sup>ST</sup> AVENUE, 1D**

City

**MIAMI**

**FL**

Zip Code

**33184**

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

**AXEL VEIGA V.P.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VERDAYES, EDUARDO<br>6436 S.W. 13TH ST<br>MIAMI FL 33144        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>RODRIGUEZ, JOSE<br>6436 S.W. 13TH ST<br>MIAMI FL 33144          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>CASTILLO, LORENZO<br>6436 S.W. 13TH ST<br>MIAMI FL 33144       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PEDROSO, FAUSTO<br>4433 NW 203 TR<br>MIAMI FL 33055             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NEGRETE, JOSE B<br>665 W 28TH STREET APT #4<br>HIALEAH FL 33010 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>JOSE C. RODRIGUEZ<br>6436 SW 13 <sup>TH</sup> ST<br>MIAMI FL 33144     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ADOLFO GONZÁLEZ<br>3250 SW 104 AVE<br>MIAMI FL 33165                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GUILLERMO PEREZ<br>8408 NW 196 TR<br>MIAMI FL 33015                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUMBERTO MESA<br>12401 WEST OKEECHOBEE RD.<br>HIALEAH GARDENS FL 33018 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 617, 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:

**EDUARDO VERDAYES D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AUGUST 09-04**

**305-6965280**

Date

Daytime Phone #