


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 025 ***150.00

DOCUMENT # P00000006863 1. Entity Name LITTLE BEEZ TRUCKING, INC.	
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Principal Place of Business 23650 SW 132 AVE PRINCETON, FL 33032	Mailing Address 23650 SW 132 AVE PRINCETON, FL 33032
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DO NOT WRITE IN THIS SPACE



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0985098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, BERTO SR
24650 SW 122 AVENUE
HOMESTEAD, FL 33032

**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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORENZO, BERTO SR 24650 SW 122 AVENUE HOMESTEAD, FL 33032
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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:  **BERTO LORENZO** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #