## 2006 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

## May 11, 2006 8:00 am Secretary of State DOCUMENT # P00000036998 1. Entity Name 05-11-2006 90236 003 \*\*\*150.00 SOTO'S TRUCKING, INC. Principal Place of Business Mailing Address 11850 TOMATO ROAD 11850 TOMATO ROAD NAPLES FL 34114 NAPLES FL 34114 2. Principal Place of Business 3. Mailing Address 11850 tomato 11850 Tomato Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State, 4. FEI Number Applied For 31-1631022 nap Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired WA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOTO, RUPERTO Street Address (P.O. Box Number is Not Acceptable) 11850 TOMATOE RD NAPLES FL 34114-8515 City Zip Code 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. 5-7-06 (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE DPV TITLE ☐ Change Addition SOTO, RUPERTO NAME NAME STREET ADDRESS STREET ADDRESS 11850 TOMATOE RD CITY-ST-ZIP NAPLES FL 34114-8515 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME SOTO, RUPERTO NAME STREET ADDRESS 11850 TOMATOE RD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114-8515 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**