


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**1 Feb 12, 2007 8:00 am
Secretary of State**

01-16-2007 90192 031 ***150.00

DOCUMENT # P00000040944 1. Entity Name D & C TRUCKING, INC.	
---	---

Principal Place of Business 3630 N.W. 76TH ST MIAMI, FL 33147	Mailing Address 3630 N.W. 76TH ST MIAMI, FL 33147
---	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

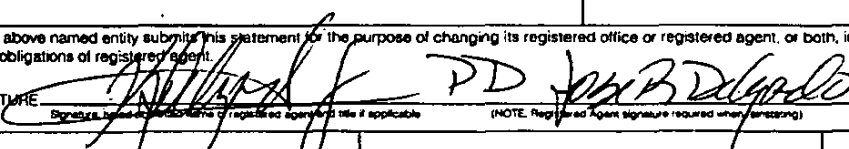
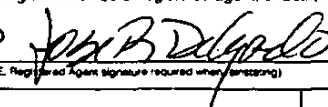
4. FEI Number 65-1004297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DELGADO, JOSE RAMON
3630 N.W. 76TH ST
MIAMI, FL 33147

**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  PD  01/08/07
Signature, based on person name or registered agent, if applicable (NOTE: Registered Agent signature required when filing for status change) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELGADO, JOSE RAMON 3630 N.W. 76TH ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTRO, JOSE L 3630 N.W. 76TH ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE  2/7/07 305 886 9005
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #