2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91000 042 ***150.00

DOCUMENT # P00000111169

1. Entity Name
LA ROSA TRUCKING, INC.

Principal Place of Business	Mailing Address
1800 NW 96 AVE MIAMI, FL 33172	18636 NW 78 PLACE HIALEAH, FL 33015

2. Principal Place of Business	3. Mailing Address
2050 NW 95 Ave	2050 NW 95 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country: Dade	Zip: 33172 Country: Dade

04302004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1065243 ☐ 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
AMADOR, CLARA 53 WEST 6TH STREET HIALEAH, FL 33010	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (DATE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LA ROSA, MIGDALE 18636 NW 78 PL MIAMI, FL 33015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AMADOR, CLARA 18636 NW 78 PL MIAMI, FL 33015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 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: _____ 4/30/04 305-499 9417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #