2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006249

Entity Name: MICAR TRUCKING, INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13944 SW 25 TERRACE MIAMI, FL 33175 **Current Mailing Address: New Mailing Address:** 13944 SW 25 TERRACE MIAMI, FL 33175 FEI Number: 65-1075243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORZO, CARLOS 13944 SW 25 TERRACE MIAMI, FL 33175 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: PSD (X) Change () Addition CORZO, CARLOS Name: Name: CORZO, CARLOS 13944 SW 25 TERRACE 13944 SW 25 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33175 (X) Delete Title: V, D Title: () Change () Addition RODRIGUEZ, AURORA Name: Name: 2106 NE 124 STREET Address: Address: NORTH MIAMI, FL 33181 City-St-Zip: City-St-Zip: Title: Title: T. D (X) Delete () Change () Addition SMITH, GRACIELA Name: Name: 16711 COLLINS AVENUE #805 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: S, D (X) Delete Title: () Change () Addition SOTOLONGO, MARIA Name: Name: Address: 17900 NORTH BAY ROAD, #301 Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CORZO P 01/11/2007