

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000029509

1. Entity Name

MANZANAREZ TRUCKING CORPORATION



Principal Place of Business

805 EAST 9 LANE
HIALEAH, FL 33010

Mailing Address

805 EAST 9 LANE
HIALEAH, FL 33010



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1092070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANZANAREZ, MARINA
805 EAST 9 LANE
HIALEAH, FL 33010

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PV
NAME MANZANAREZ, MARINA
STREET ADDRESS 805 EAST 9 LANE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE D
NAME MANZANAREZ, AQUILEO
STREET ADDRESS 805 EAST 9 LANE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE D
NAME MANZANAREZ, JULIO
STREET ADDRESS 805 EAST 9 LANE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000450021
03/09/06-80077-011 150.00

**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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marina Manzanarez President 2-22-06

305 985-92