

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State -**

**DOCUMENT # P01000030387**

1. Entity Name  
**DVG TRUCKING, INC.**



Principal Place of Business  
**1259 W ATLANTIC BLVD.  
SUITE 122  
POMPANO ON, FL 33069**

Mailing Address  
**PO BOX 667526  
POMPANO BEACH, FL 33066**

**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1106326</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VALLEJO, DANIEL A  
6797 WILLOW WOOD DR  
#6043  
BOCA RATON, FL 33434**

**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 reinstating)

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**

TITLE	PVP
NAME	VALLEJO, DANIEL A
STREET ADDRESS	6797 WILLOW WOOD DR #6043
CITY - ST - ZIP	BOCA RATON, FL 33434

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

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02/16/04-80116-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-04

954 7880754

Date

Daytime Phone #