


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90020 047 \*\*\*150.00

<b>DOCUMENT # P01000038985</b>	
1. Entity Name F.A.E. TRUCKING, INC.	

Principal Place of Business 6253 NORTHWEST 2ND STREET MIAMI, FL 33126	Mailing Address 141 EAST 43RD STREET HIALEAH, FL 33013
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2. Principal Place of Business - No P.O. Box # 141 East 43 St	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah FL	City & State
Zip 33013	Country
Country Miami Dade	Zip
Country	Country

6. Name and Address of Current Registered Agent	
FONSECA, ANA 6253 NW 2 STREET MIAMI, FL 33126	

7. Name and Address of New Registered Agent	
Name Fonseca ANA	
Street Address (P.O. Box Number is Not Acceptable) 141 East 43 St	
City Hialeah	
City Hialeah	FL
Zip Code 33013	

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 Ana Fonseca (Ana Fonseca) President	DATE 1-31-08

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FONSECA, ANA 6253 NORTHWEST 2ND STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ana Fonseca	DATE: 1-31-08	DAYTIME PHONE #: 786-395-2904
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