


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90015 041 ***150.00

DOCUMENT # P01000039448 1. Entity Name M.G. TRUCKING SERVICES, INC.					
Principal Place of Business 8335 NW 186 STREET UNIT 104 MIAMI, FL 33015			Mailing Address 8335 NW 186 STREET UNIT 104 MIAMI, FL 33015		
2. Principal Place of Business 7814 NW 200 St			3. Mailing Address 7814 NW 200 St		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33015			Zip 33015		
Country U.S.A.			Country U.S.A.		
4. FEI Number 65-1095925				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, KENIA 8335 NW 186 STREET UNIT 104 MIAMI, FL 33015			7. Name and Address of New Registered Agent Name GONZALEZ, KENIA Street Address (P.O. Box Number is Not Acceptable) 7814 NW 200 St City MIAMI FL 33015		
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 <u><i>Kenia Gonzalez</i></u> DATE <u><i>3/1/06</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GONZALEZ, KENIA 8335 NW 186 ST., UNIT 104 MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, KENIA 7814 NW 200 ST MIAMI FL 33015
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MIGUEL 8335 NW 186 ST., UNIT 104 MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MIGUEL 7814 NW 200 ST MIAMI FL 33015
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Kenia Gonzalez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3/1/06</i></u> <u><i>305-345-1234</i></u> <small>Date Daytime Phone #</small>		

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