2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P01000052381

DOCUMENT # 1. Entity Name

TALAVERA TRUCKING & FOLIPMENT CORP



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90012 007 ***158.75

TALAVERA TROCKING & EQUIPMENT, CORP.						
Principal Place of Business 9351 FOUNTAINBLEAU BOULEVARD SUITE B 111 MIAMI FL 33172		Mailing Address 9351 FOUNTAINBLEAU BOULEVARD SUITE B 111 MIAMI FL 33172				
2. Principal Place of Business 4341 SW 95 CT 4341 SW			95 CT			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	G CHANGES	
City & Stat	1 Pa	City & State MIAMI,	FL.	4. FEI Number 65-1107813	Applied For Not Applicable	
33/4	Country DA 05	Zip 33165	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered	Agent	
	<u> </u>		Name	Name		
TALAVERA, ROBERTO			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	intainbleau Boulevard					
SUITE B 111				-		
Miami Fl	33172		City	FI	Zip Code	
	named entity submits this statement factors of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am	n familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTI	E: Registered Agent signature require	ad when reinstating) DATE	<u> </u>	
. After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TALAVERA, ROBERTO 9351 FOUNTAINBLEAU BOULEV MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE Name Street address City-St-Zip	SVD TALAVERA, JOSE L 9351 FOUNTAINBLEAU BOULEV MIAMI FL 33172	☐ Delete /ARD #B111	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip	,	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	v	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ч	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change ☐ Addition	

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

HPRIL 5, 2003