


**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90141 032 \*\*\*150.00

11012264

☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P01000054768</b>				<b>Secretary of State</b> 04-24-2003 90141 032 ***150.00	
1. Entity Name <b>C &amp; D TRUCK TRANSPORTATION, INC.</b>					
Principal Place of Business <b>13870 SW 38 LANE MIAMI FL 33175</b>			Mailing Address <b>13870 SW 38 LANE MIAMI FL 33175</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1109430</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DELGADO, JOSE RAMON</b> <b>13870 SW 38 LANE</b> <b>MIAMI FL 33175</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		<input type="checkbox"/> Delete		
NAME	DELGADO, JOSE RAMON				
STREET ADDRESS	13870 SW 38 LANE				
CITY-ST-ZIP	MIAMI FL 33175				
TITLE	VD		<input type="checkbox"/> Delete		
NAME	CASTRO, JOSE L				
STREET ADDRESS	6231 SW 147 PLACE				
CITY-ST-ZIP	MIAMI FL 33193				
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____			Date: <u>01/15/2002</u> Telephone #: <u>(305) 8369005</u>		