


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000081145 1. Entity Name ALEX TRUCKING SERVICES, INC.	
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Principal Place of Business 2281 N.N 82 AVE MIAMI, FL 33166	Mailing Address 2281 N.N 82 AVE MIAMI, FL 33166
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05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1130559	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 LAPEYRE, ALEXIS 6117 NW 72 AVE. MIAMI, FL 33166
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**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

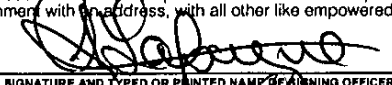
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LAPEYRE, ALEXIS 3600 SW 11 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/29/07-80018-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X 
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
ALEXIS La Peyre
President

04/30/07
Date

(786) 487-3840
Daytime Phone #