

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 033 ***150.00

DOCUMENT # P01000091205

1. Entity Name
V&A TRUCKING, INC.



Principal Place of Business
**4276 ADOLPH AVENUE
NORT PORT, FL 34286**

Mailing Address
**POST OFFICE BOX 381228
MURDOCK, FL 33938-122**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRITO, ADEL
4276 ADOLPH AVENUE
NORTH PORT, FL 34288**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD VP
NAME	BRITO, ADEL
STREET ADDRESS	4276 ADOLPH AVENUE
CITY-ST-ZIP	NORT PORT, FL 34286
TITLE	PSD
NAME	VIRGINIA BRITO
STREET ADDRESS	4276 ADOLPH AVE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	SEC
NAME	ABDEL BRITO
STREET ADDRESS	4276 ADO 3501 W. HTH AVE
CITY-ST-ZIP	HIACLEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

Daytime Phone # _____