2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000092778 **DOCUMENT #**

1. Entity Name

EL DUOLE DUMPING TRUCKS INC

FILED Feb 19, 2003 8:00 am Secretary of State
02-19-2003 90014 036 ***150.00

So Name appl Address of Current Registered Agent 8. Name appl Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRERA, ORLANDO 14364 NW 87TH PLACE MAMILLAKES FL 33018 City FL City City FL City FL City City City FL City City City FL City City City FL City City	LL DOGR	DE DOMFING TROOKS, INC.								
Suits, Agt. #, etc. Cry & State Cry & Stat	14364 NW 87	TH PLACE	14364 NW 87TH PLACE							
Suits, Agt. #, etc. Cry & State Cry & Stat										
City & State Ci	2. Principal	Place of Business	3. Mailing Address		_				1868/18/18/1	
City & State Security S. Certificate of Status Desired Security Series Address (P.O. Box Number is Not Acceptable) City FL City City FL City FL City Ci	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			CHECK WEDE IS	MAKING GI	IANIOEO		
Zip Country Zip Country Sign Co	City & Sta	ite	01, 20, 1							
So Name appl Address of Current Registered Agent 8. Name appl Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRERA, ORLANDO 14364 NW 87TH PLACE MAMILLAKES FL 33018 City FL City City FL City FL City City City FL City City City FL City City City FL City City	Only G One		City & State		4. 1	4. FEI Number 65-1140336		Not Applicable		
FERRERA, ORLANDO 14364 NW 87TH PLACE MAMILLAKES FL 33018 City City FL Zip Code Code City FL Zip Co	Zip	Country	Zip	Country	5. C	Pertificate of Status Desired		.75 Ad	ditional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current Re	egistered Agent		7. N	ame and Address of New Reg				
Street Address (P.O. Box Number is Not Acceptable)	CERRER A			Name						
MAMI LAKES FL 33018 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNA			•	Street Addres	s (P.O. Bo	ox Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Someway speed or printed server set registered agent and time if applicable. (NOTE Registered Agent septiative vacated when renotating) DATE										
SIGNATURE FILE NOW!!! FEE IS, \$150.00				City			FL	Zip Cod	e	
SIGNATURE Signature Signa	- : the obliga	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its	registered office or regis	tered age	nt, or both, in the State of Florid	a. I am fami	liar with,	and accept	
Sprinklum hypote or printed national registrates a gent and latent largepose by a CHOTE. Registrated Agent signature recurrent whom recreases(s) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		;								
After May 1, 2003 Fee will be \$550,00 Trust Fund Contribution. S.J.U. May 86 Added to Fees 10.	OIGHVITORIE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature requi	ired when rein	nstating)	DATE			
After May 1, 2003 Fee will be \$550,00 Trust Fund Contribution. S.J.U. May 86 Added to Fees 10.		ILE NOW!!!_EEE_IS_\$150.00				TAY FIRENCE OF THE SET				
TITLE PD FERRERA, ORLANDO Delete STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Afte	r May 1, 2003 Fee will be \$550.00						40.0	O May Be I to Fees	
TITLE NAME TARGET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREE				11	ADI	DITIONS (CHANCES TO OFFICE	TO AND DIE	- CTOD	0.111.44	
FERRERA, ORLANDO 14364 NW 97TH PLACE STREET ADDRESS CITY-ST-ZIP			**-			THORS/CHANGES TO OFFICE				
CITY-ST-ZIP MIAMI LAKES FL 33018 CITY-ST-ZIP VPD	NAME		— 50.00					Onlange		
TITLE NAME ADDRESS (DIFY-ST-ZIP) WORALES, GREGORIO 10567 NW 3RD STREET PEMBROKE PINES FL 33026 TITLE NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS						
NAME STREET ADDRESS (ITY-ST-ZIP) TITLE NAME STREET ADDRESS (ITY-ST-ZIP)	CITY-ST-ZIP	MIAMI LAKES FL 33018		CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	VPD	☐ Delete	TITLE		——————————————————————————————————————		Change	Addition	
CITY-ST-ZIP PEMBROKE PINES FL 33026 TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME					_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				Change	Addition	
CITY-ST-ZIP	NAME			NAME				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE				Change	☐ Addition	
CITY-ST-ZIP				NAME						
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP						,			ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	UIIY-SI-ZIP		·	CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OPERATE OF THE OPERATE			☐ Delete	TITLE				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				NAME		•				
TITLE TITLE TITLE TO Delete TITLE TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTROL TITLE TO CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP CHAINGE AGORDIN AME CITY-ST-ZIP CHAINGE AGORDIN AGORDI			<u> </u>	City-St-Zip						
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Delete	TITLE		-		Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP				I					1	
Oliv Or all										
12. Thereby certify that the information supplied with this filling 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 supplied with this filling 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 came 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 1.5 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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #