

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

|                                                                                      |                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000108022</b><br>1. Entity Name<br>A & D ALTERNATIVE TRUCKING, INC. |  |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                  |                                                      |
|------------------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business<br>14105 SW 46 TE<br>MIAMI, FL 33175 | Mailing Address<br>14105 SW 46 TE<br>MIAMI, FL 33175 |
|------------------------------------------------------------------|------------------------------------------------------|



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1151073 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>ADALBERTO, REGALADO<br>14105 SW 46 TE<br>MIAMI, FL 33175 |
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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)

000000617628  
02/07/07-80082-019 150.00

|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                |
|----------------------------------------------------|----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>REGALADO, ADALBERTO<br>14105 SW 46 TE<br>MIAMI, FL 33175 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |

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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: Adalberto Regalado 01/27/07 (305) 815 323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #