

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 021 ***150.00

DOCUMENT # P01000110873

1. Entity Name
LA ROSA TRUCKING SERVICE CORP.



Principal Place of Business Mailing Address
**1401 W. 29TH ST.
LATE D-67
HIALEAH, FL 33012**

24005230



2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number **80-0028877** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAX DEFENSE CENTER
2350 W 84TH STREET #20
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **P** ☐ Delete
NAME **FONSECA, RENE**
STREET ADDRESS **1401 W. 29TH ST. LATE D-67**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: **RENE FONSECA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 305-828-2188
Date Daytime Phone #

Attachment

2405230



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 21, 2004

LA ROSA TRUCKING SERVICE CORP.
1401 W. 29TH ST.
LATE D-67
HIALEAH, FL 33012

SUBJECT: LA ROSA TRUCKING SERVICE CORP.
Ref. Number: P01000110873

We have received your document for LA ROSA TRUCKING SERVICE CORP. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 704A00003705