2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # P02000016585 1. Entity Name LADY BUG TRUCKING SERVICE, INC.						01-20-2004 90083 033 ***150.00						
Principal Place of Business 28937 S. DIXIE HWY HOMESTEAD, FL 33033		Mailing Address 28937 S. DIXIE HWY HOMESTEAD, FL 33033				11	m m m f 1	240C	38	73) 	
2. Principal P	lace of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082	004	Chg-P	CR2E0	34 (10/03)		
City & Stat	е	City & State				4. FEH 02-	Number -0549:	330			pplied For	
Zip	Country	Zip	Coun	itry		5. Certificate of Status Desired					litional d	
	6. Name and Address of Curren	Registered Agent		Γ	L	7. Nam	e and A	ddress of New I	Registered /	Agent		
CASTILLO, BARBARA D 29735 SW 154 COURT HOMESTEAD, FL 33033					Name Street Address (P.O. Box Number is Not Acceptable)							
		City				FL Zip Code						
8. The above the obligat	named entity submits this statement fions of registered agent.	or the purpose of changing it	s register	ed office o	r registere	d agent,	or both,	in the State of FI	lorida. I am	familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signat	ure required v	 ∕hen reinstat	ling)		DATE			
				a rigar it angrees		·	·g/					
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Cor		noing		00 May I d to Fees		-				
10.	OFFICERS AND	DIRECTORS	11.			ADDIT	IONS/CI	HANGES TO OFF	FICERS AND	DIRECTORS	S IN 11	
TITLE	DPVT Delete 11		1171	=	DDCE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				e Et address -st-zip		STILLO, BARBARA D. 35 SW 154 CT, HOMESTEAD, FL 33033						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	☐ Delete			V FERNA 15100			OLO STR, HOM	IESTEAD	□ Change	X Addition 3033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete o			;	`				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - S1 - ZIP		☐ Delote	CITY	ET ADDRESS - St - ZIP						☐ Change	Addition	
 12. Thereby (certify that the information supplied will	n this tiling does not qualify f	or the exe	motion sta	ted in Sec	tion 119.	.07(3)(i).	Florida Statutes.	. I further cer	tity that the in	ntormation	

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 apprints true and accurate and accurate 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 dustee empowered to execute his 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 actual state of the corporation of the receiver or dustee empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/04 35-246-0624