

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90385 009 ***150.00

DOCUMENT # P02000025054

1. Entity Name

2002 TRUCKING CORP.



Principal Place of Business

692 W. 29 ST. #9
HIALEAH FL 33012

Mailing Address

692 W. 29 ST. #9
HIALEAH FL 33012

24034000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0559086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, HECTOR
692 W. 29 ST. #9
HIALEAH FL 33012

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GONZALEZ, CALIXTO O
STREET ADDRESS 692 W. 29 ST. #9
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ Delete
NAME NOGUERA, ARMANDO L
STREET ADDRESS 7090 W. 2 CT
CITY-ST-ZIP HIALEAH FL 33014

TITLE D ☒ Delete
NAME ~~GARCIA, VLADIMIR~~
STREET ADDRESS ~~2386 NW 86 ST.~~
CITY-ST-ZIP ~~MIAMI FL 33147~~

TITLE D ☒ Delete
NAME ~~MORENO, CARLOS MANUEL~~
STREET ADDRESS ~~1725 W. 60 ST. APT. 104~~
CITY-ST-ZIP ~~HIALEAH FL 33012~~

TITLE D ☐ Delete
NAME RODRIGUEZ, ARNOLDO
STREET ADDRESS 5750 NW 186 ST. APT. 304
CITY-ST-ZIP MIAMI FL 33015

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04 305 8874185