


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 046 ***150.00

DOCUMENT # P02000025126 1. Entity Name TRUCKLANDIA AUTO BROKERS, INC.	
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Principal Place of Business 4601 SW 74TH AVENUE MIAMI, FL 33155	Mailing Address 4840 NW 184 Terr Miami, FL 33055
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DO NOT WRITE IN THIS SPACE



08092007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3634107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AREVALO, AVIMAE
4601 SW 74TH AVENUE
MIAMI, FL 33155

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREVALO, AVIMAE 300 SW 69TH AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, IVAN OMAR 4601 SW 74TH AVENUE MIAMI, FL 33155
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IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 8/10/07 Daytime Phone #