
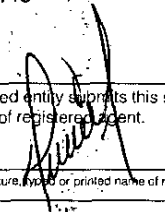
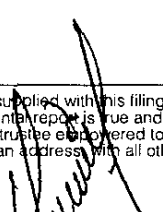


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90445 041 ***150.00

DOCUMENT # P02000029180 1. Entity Name G. DOMINGUEZ TRUCKING CORP.					
Principal Place of Business 2896 LORENE DRIVE LAKE WORTH, FL 33461			Mailing Address 2896 LORENE DRIVE LAKE WORTH, FL 33461		
2. Principal Place of Business 3537 TACONIC DR Suite, Apt. #, etc.		3. Mailing Address 3537 TACONIC DR Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 30-0055608	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINGUEZ, GILBERTO 1688 CORAL WAY MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 X  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, GILBERTO 2896 LORENE DRIVE LAKE WORTH, FL 33461 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 3537 TACONIC DR WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MIGENES, DANIELIS 2896 LORENE DRIVE LAKE WORTH, FL 33461 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 3537 TACONIC DR WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: X  <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					

94065460



04202004 Chg-P CR2E034 (10/03)