

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90025 005 ***150.00

DOCUMENT # P02000030095

1. Entity Name

SOUTH FLORIDA TRUCK STOP, INC.



Principal Place of Business

C/O GILBRIDE, HELLER & BROWN, P.A.
TWO S BISCAYNE BLVD STE 1570
MIAMI FL 33131

Mailing Address

C/O GILBRIDE, HELLER & BROWN, P.A.
TWO S BISCAYNE BLVD STE 1570
MIAMI FL 33131

2. Principal Place of Business

12260 NW. S. RIVER DRIVE

3. Mailing Address

3674 SW 150 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

MIAMI, FL

Zip

33178

Country

U.S.A.

Zip

33185

Country

U.S.A.

4. FEI Number

37-1142395

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLER, LAWRENCE R
TWO S BISCAYNE BLVD STE 1570 -
MIAMI FL 33131

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 D ☐ Delete
NAME GONZALEZ, RICARDO
STREET ADDRESS TWO S BISCAYNE BLVD STE 1570
CITY-ST-ZIP MIAMI FL 33131

TITLE Vice President ☐ Delete
NAME Gonzalez Jr, Ricardo
STREET ADDRESS 3674 SW 150 CT
CITY-ST-ZIP Miami, FL 33185

TITLE Secretary ☐ Delete
NAME Jorge Gonzalez
STREET ADDRESS 3674 SW 150 CT
CITY-ST-ZIP Miami, FL 33185

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

305-477-1303