

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000030095

1. Entity Name

SOUTH FLORIDA TRUCK STOP, INC.



Principal Place of Business

12200 NW S RIVER DRIVE
MIAMI, FL 33178

Mailing Address

12200 NW S RIVER DR
MIAMI, FL 33185



04062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CABALLERO, NELSON R
3674 PONCE DE LEON
SUITE 400
CORAL GABLES, FL 33131

**DO NOT WRITE
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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000530704

05/06/06-80009-005 300.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, RICARDO
STREET ADDRESS	3674 SW 150 CT
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	V
NAME	GONAZLEZ, RICARDO JR
STREET ADDRESS	16064 SW 44 LANE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	S
NAME	GONZALEZ, JORGE
STREET ADDRESS	5225 NW 112 AVE #8
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Daytime Phone