2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: **₹**

SIGNATURE AND TYPE

Feb 28, 2004 08:00 AM Secretary of State **DOCUMENT # P02000032984** 1. Entity Name GELIO'S TRUCKING AND EQUIPMENT, INC. Mailing Address Principal Place of Business 12401 W OKEECHOBEE RD #86 HIALEAH GARDENS FL 33018 12401 W OKEECHOBEE RD #86 HIALEAH GARDENS FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 04-3630815 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, GELIO J 12401 W OKEECHOBEE RD #86 Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33018 City Zip Code The above named entity submithe obligations of registered; as 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 SIGNATURE 3 Signature, typied or p FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RTIF Delete TITLE ☐ Change Addition NAME HERNANDEZ, GELIO J NAME 0000000070814 STREET ADDRESS 12401 W OKEECHOBEE RD #86 STREET ADDRESS 03/01/04-80050-019 150.00 HIALEAH GARDENS FL 33018 CUTY ST-ZEP E37Y - 57 - 73P Change mr ☐ Delete 1133 F Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7133 E ☐ Detete JIB 6 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-SI-ZIP BRE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee a changed, or on an attachment with an address. this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director verset to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the Blotter like empowered.

FILED