

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90172 024 ***150.00

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04092008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000049206 1. Entity Name SERVILOG TRUCK INC.																											
Principal Place of Business 10120 SW 26 STREET MIAMI, FL 33165		Mailing Address 10120 SW 26 STREET MIAMI, FL 33165																									
2. Principal Place of Business - No P.O. Box # 660 Reindeer Dr.		3. Mailing Address 660 Reindeer Dr.																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Kissimmee, Fla.		City & State Kissimmee, Fla.																									
Zip 34759		Zip 34759																									
Country 		Country 																									
4. FEI Number 01-0686068		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RODRIGUEZ, MARIA ELENA 10120 SW 26 ST MIAMI, FL 33165		7. Name and Address of New Registered Agent Name PEREZ Madeline Street Address (P.O. Box Number is Not Acceptable) 660 Reindeer Dr. City Kissimmee, FL Zip Code 34759																									
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 <u><i>Madeline Perez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04-17-08</u>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD RODRIGUEZ, MARIA ELENA</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10120 SW 26 ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33165</td> </tr> </table>		TITLE	PD RODRIGUEZ, MARIA ELENA	<input checked="" type="checkbox"/> Delete	NAME			STREET ADDRESS	10120 SW 26 ST		CITY-ST-ZIP	MIAMI, FL 33165		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD Perez Madeline</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">660 Reindeer Dr.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Kissimmee, Florida 34759</td> </tr> </table>		TITLE	PD Perez Madeline	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	660 Reindeer Dr.		CITY-ST-ZIP	Kissimmee, Florida 34759	
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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: <u><i>Madeline Perez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-17-08</u> (863-353-6541) <small>Daytime Phone #</small>																									