

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 018 ***150.00

DOCUMENT # P02000096054 1. Entity Name PILLADO TRUCKING INC.					
Principal Place of Business 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952 US			Mailing Address 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4211231	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PILLADO, LAZARO M 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTS PILLADO, LAZARO M 1275 ARLINGTON CIRCLE MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHANNA B PILLADO 1285 ARLINGTON AVE MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PILLADO, MANUEL 1275 ARLINGTON CIRCLE MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PILLADO, MANUEL 1285 ARLINGTON AVE MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LAZARO PILLADO 1275 ARLINGTON CIRCLE MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT PILLADO, LAZARO M 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/28/05 Date Daytime Phone #		