

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90466 025 \*\*\*158.75

<b>DOCUMENT # P02000096054</b>																																																																																																																																			
<b>1. Entity Name</b> PILLADO TRUCKING INC.																																																																																																																																			
<b>Principal Place of Business</b> 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952    US			<b>Mailing Address</b> 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952    US																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 5565 SCHENCK AVE		<b>3. Mailing Address</b> 5565 SCHENCK AVE																																																																																																																																	
Suite, Apt. #, etc. Ste 1		Suite, Apt. #, etc. Ste 1																																																																																																																																	
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Zip 32955		Zip 32955																																																																																																																																	
Country USA		Country USA		03292007    Chg-P    CR2E034 (12/06)																																																																																																																															
<b>4. FEI Number</b> 13-4211231				Applied For Not Applicable																																																																																																																															
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>  PILLADO, LAZARO M 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 3420 MATLIN DRIVE  City    ROCKLEDGE    FL    Zip Code    32955																																																																																																																																
<b>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.</b>  SIGNATURE:     (NOTE: Registered Agent signature required when reinstating)    DATE:																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b> Date:    Daytime Phone #:																																																																																																																																			