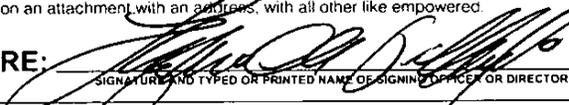


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

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 - No P.O. Box # 5565 SCHENCK AVE Suite, Apt. #, etc. Ste 1		3. Mailing Address 5565 SCHENCK AVE Suite, Apt. #, etc. STE 1	
City & State Rockledge, FL Zip 32955 Country USA		City & State Rockledge, FL Zip 32955 Country USA	
6. Name and Address of Current Registered Agent PILLADO, LAZARO M 1285 ARLINGTON AVE. MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3420 MATLIN DRIVE City ROCKLEDGE FL Zip Code 32955	
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:  <small>Signatures should contain name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> 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 1285 ARLINGTON AVENUE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LAZARO PILLADO 3420 MATLIN DRIVE ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PILLADO, MANUEL 1285 ARLINGTON AVENUE MERRITT ISLAND, FL 32952 <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	S PILLADO, JOHANNA B 1285 ARLINGTON AVENUE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHANNA PILLADO 3420 MATLIN DRIVE ROCKLEDGE, FL 32955 <input checked="" 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 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: 		Date _____ Daytime Phone # _____	