

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90020 021 ***150.00

DOCUMENT # P02000110952

1. Entity Name
MACACIVA TRUCKING, INC.



Principal Place of Business
~~12640 N.W. 102ND PLACE~~
~~HALEAH GARDENS, FL 33018~~

Mailing Address
~~19800 S.W. 180 AVENUE~~
~~LOT 478~~
~~MIAMI, FL 33187~~

40034107



02212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
3047 NW 30 AVE
Suite, Apt. #, etc.

3. Mailing Address
3047 NW 30 AVE
Suite, Apt. #, etc.

City & State
OAKLAND PARK, FL
Zip
33311
Country
USA

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OAKLAND PARK, FL
Zip
33311
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4. FEI Number
74-3066326
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESPINOLA, MIGUEL A
12640 N.W. 102ND PLACE
HALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3047 NW 30 AVE
City
OAKLAND PARK FL
Zip Code
33311

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINOLA, MIGUEL A		NAME	3047 NW 30 AVE	
STREET ADDRESS	12640 N.W. 102ND PLACE		STREET ADDRESS	OAKLAND PARK FL 33311	
CITY-ST-ZIP	HALEAH GARDENS, FL 33018		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELENDEZ, MARTA		NAME	3047 NW 30 AVE	
STREET ADDRESS	10800 S.W. 180 AVENUE, LOT 478		STREET ADDRESS	OAKLAND PARK FL 33311	
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Miguel A Espinola 02/21/08 786 295 6917
Signature, typed or printed name of signing officer or director Date Daytime Phone #