2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90298 049 ***150.00

DOCUMENT # P02000117741

1. Entity Name
AVALOS TRUCKING, INC.

Principal Place of Business
1050 GARDEN LAKE CIRCLE, APT. #1404
IMMOKALEE FL 34142

Mailing Address
1050 GARDEN LAKE CIRCLE, APT. #1404
IMMOKALEE FL 34142

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

4. FEI Number 41-2062637

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent
AVALOS, ROBERT JR.
1050 GARDEN LAKE CIRCLE, APT. #1404
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL

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

FILE NOW!!! FEE IS $150.00
After September 15, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. $5.00 May be added to fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	AVALOS, ROBERT JR.	
STREET ADDRESS	1050 GARDEN LAKE CIRCLE, APT. #1404	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 03/29/04