

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90055 014 \*\*\*150.00

66410467



MOORE CR2E034 (11/03)

<b>DOCUMENT # P02000127004</b> 1. Entity Name <b>J. C. &amp; SON TRUCKING INC.</b>																																																																																																																																																											
Principal Place of Business <b>9553 WEST OKEECHOBEE RD. HIALEAH GARDENS FL 33016</b>			Mailing Address <b>9553 WEST OKEECHOBEE RD. HIALEAH GARDENS FL 33016</b>																																																																																																																																																								
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																																									
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>06-1663036</b>																																																																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																									
6. Name and Address of Current Registered Agent  <b>CABRERA, JUAN G 9553 WEST OKEECHOBEE RD MIAMI FL 3301-6</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																																																								
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>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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.																																																																																																																																																											
<b>SIGNATURE:</b> <i>Paulita C. Cabrera</i> <i>March 26/04</i> <i>(305) 556-0230</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																																																																																											