

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000127004 1. Entity Name J. C. & SON TRUCKING INC.			
Principal Place of Business 9553 WEST OKEECHOBEE RD. HIALEAH GARDENS, FL 33016		Mailing Address 9553 WEST OKEECHOBEE RD. HIALEAH GARDENS, FL 33016	
DO NOT WRITE IN THIS SPACE			
		05192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 06-1663036 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, JUAN G 9553 WEST OKEECHOBEE RD MIAMI, FL 33016		DO NOT WRITE IN THIS SPACE	
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> DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000367872 05/23/05-80003-017.158.75	
TITLE	P		
NAME	CABRERA, JUAN G		
STREET ADDRESS	9553 WEST OKEECHOBEE RD.		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016		
TITLE	V		
NAME	CABRERA, GERARD N		
STREET ADDRESS	9553 WEST OKEECHOBEE RD		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016		
TITLE	S		
NAME	CABRERA, PAULITA C		
STREET ADDRESS	9553 WEST OKEECHOBEE RD		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Paulita C. Cabrera</i> PAULITA C. Cabrera		May 19/05 (305) 556-0230	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	