2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 Al Secretary of State **DOCUMENT # P02000130578** 1. Entity Name J & R TRUCKING OF HIALEAH, INC. Principal Place of Business Mailing Address 5781 W 21 AVE 5781 W 21 AVE HIALEAH, FL 33016 HIALEAH, FL 33016 CR2E034 (11/05) 03032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1639327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent GONZALEZ, EDILBERTO DO NOT WRITE 5781 W 21 AVE HIALEAH, FL 33016 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. Sonature, typed or printed name of registered egent and trie if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME GONZALEZ, EDILBERTO STREET ADDRESS 5781 W 21 AVE CITY-ST-ZIP HIALEAH, FL 33016 VT TITLE NAME AGUIRRE, MARIA I STREET ADDRESS 5781 SW 21 AVE CITY-ST-7iP HIALEAH, FL 33016 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U000000706634 STREET ADDRESS 04/24/07-80042-016 150.00 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 attact/might with anyacidess, will all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786-478-6211

FILED