2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 13, 2006 8:00 am Secretary of State DOCUMENT # P02000132085 07-13-2006 90022 038 ***150.00 1. Entity Name HAPO'S TRUCKING, INC. Principal Place of Business Mailing Address 20022403 551 SKYLAND TERR 551 SKYLAND TERR SELTONA, FL 32738 SELTONA, FL 32738 DELTONA DELTON A 07052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3668290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, JOSE DO NOT WRITE 551 SKYLAND TERR IN THIS SPACE DELTONA 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) DATÉ 9. Election Campaign Financing FILE NOW!!! FEE 15 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITI F NAME HERNANDEZ, JOSE STREET ADDRESS 551 SKYLAND TERR CITY-ST-ZIP DELTONA, FL 32738 TITLE HERNANDEZ, ROSANNE NAME STREET ADDRESS 551 \$KYLAND TERR CITY-ST-7IP DELTONA, FL 32738 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

> NATURE AND TYPED OR PRINTED NAME OF GNING OFFICER OR DIRECTOR

5-06

FILED