

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000133034

1. Entity Name
MTZ TRUCKING SERVICE, INC.



Principal Place of Business
**18375 SW 296TH ST
HOMESTEAD, FL 33030**

Mailing Address
**18375 SW 296TH ST
HOMESTEAD, FL 33030**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 011 ***150.00



DO NOT WRITE IN THIS SPACE

07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0132308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZEROLO, MIGUEL
18375 SW 296TH ST
HOMESTEAD, FL 33030**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEROLO, MIGUEL 18375 SW 296TH ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOREIRA, YOEL 17970 SW 296TH STREET # A HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel ZeroLO 07/08/05 305-242-0134

Date

Daytime Phone #

ATTACHMENT

P02000133084

20063240

MTZ TRUCKING SERVICE, INC.
18375 SW 296th Street
Homestead, FL 33030
305-242-0134
P02000133034

July 8, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL
32302-1500

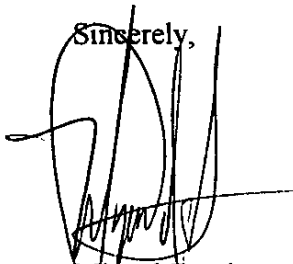
Gentlemen:

I have not received any notification concerning the renewal of my corporation and as a result I missed the \$150.00 renewal fee prior to May 1, 2005. I believe that since this was an honest overlook due to the fact that, as stated above, I did not received the renewal notice, I hope you could wave the \$400.00 penalty for filing late.

Please find enclosed my check in the amount of \$150.00 to bring my corporation up to date.

I apologize for the inconvenience hoping you can process the foregoing request.

Sincerely,



Miguel Zerolo
President