

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000133075

1. Entity Name

ZAHLENE TRUCKING INCORPORATED



Principal Place of Business
**11300 NW 97TH AVE
MEDLEY FL 33166
US**

Mailing Address
**7536 W 4TH LANE
HIALEAH FL 33014
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FBI Number **51-0438994**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAHLENE, BEATRIZ C
7536 WEST 4TH LANE
HIALEAH FL 33014**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAHLENE, BEATRIZ C	
STREET ADDRESS	7536 W 4TH LANE	
CITY- ST- ZIP	HIALEAH FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAHLENE, BEATRIZ	
STREET ADDRESS	7536 W 4TH LANE	
CITY- ST- ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beatriz C Zahlene
Beatriz C Zahlene

1-29-08 305-992-8835

Date

Phone #