2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 12, 2004 8:00 am
Secretary of State

03-12-2004 90016 018 ***150.00

DOCUMENT # P03000015482

1. Entity Name
K S K TRUCKING, INC.

Principal Place of Business	Mailing Address
4320 S W 2ND TERRACE MIAMI FL 33134	4320 S W 2ND TERRACE MIAMI FL 33134

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
4320 SW 2 Terrace			
Suite, Apt. #, etc.: House		Suite, Apt. #, etc.	
City & State: Mia Florida		City & State	
Zip: 33134	Country: USA	Zip	Country

4. FEI Number 020684387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANO, JOSE A
4320 S W 2ND TERRACE
MIAMI FL 33134

7. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CANO, JOSE A 4320 S W 2ND TERRACE MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CANO, EDNA ELENA 4320 S W 2ND TERRACE MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Jose A Cano 1-31-04 305-445-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #