## A P

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P03000034126

1. Entity Name DPR TRUCKING, CORP.



FILED Mar 09, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3992 N.W. 176 TERRA CAROL CITY, FL 33055

3992 N.W. 176 TERRA CAROL CITY, FL 33055



### DO NOT WRITE IN THIS SPACE

03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2104111

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DAVIS P 3992 N.W. 176 TERRA CAROL CITY, FL 33055

# DO NOT WRITE IN THIS SPACE

8. The above the obligat SIGNATURE_	named entity submits this statement for the puions of registered agent?  Signature, types or printed rane of presenced agent and title if		<del> </del>	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	•	\$5.00 May Be Added to Fees	U00000661298 03/20/07-80034-024_158,75	
TITLE NAME STREET ADDRESS CITY-ST-7IP	P VARELA, MARGARITA 3992 N.W. 176 TERRA CAROL CITY, FL 33055	TORS	*	, ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, DAVIS P 3922 N.W. 176 TERR. CAROL CITY, FL 33055					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		40.	•	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · ·	· · ·				
12. I hereby certify that the information supplied with this filling 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 lengt effect as if made under oath; that I am an officer or director.						

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 attachment with an address, with all other like empowered.

**SIGNATURE** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

16/07 305-3008647