2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000038539

1. Entity Name
I. SANTIAGO TRUCKING COMPANY

Principal Place of Business	Mailing Address
1850 N. MAIN STREET BELLE GLADE, FL 33430 US	1850 N MAIN ST. BELLE GLADE, FL 33430 US

DO NOT WRITE IN THIS SPACE

08252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
41-2106851	Not Applicable

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

6. Name and Address of Current Registered Agent

SANTIAGO, IVAN
1850 N. MAIN STREET
BELLE GLADE, FL 33430

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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 $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANTIAGO, IVAN
STREET ADDRESS	1850 NORTH MAIN STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	VP
NAME	SANTIAGO, ROSE L
STREET ADDRESS	1850 N. MAIN STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	
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CITY-ST-ZIP	

900079380139
09/01/06--01037--007 **550.00

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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: *Rose Linda Santiago*   8-24-06   561 996 8759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Rose Linda Santiago