

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT<sup>n</sup>**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000038539**  
1. Entity Name  
**I. SANTIAGO TRUCKING COMPANY**



Principal Place of Business <b>1850 N. MAIN STREET BELLE GLADE, FL 33430 US</b>	Mailing Address <b>1850 N MAIN ST. BELLE GLADE, FL 33430 US</b>
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>41-2106851</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**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	<b>P SANTIAGO, IVAN 1850 NORTH MAIN STREET BELLE GLADE, FL 33430</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SANTIAGO, ROSE L 1850 N. MAIN STREET BELLE GLADE, FL 33430</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/07-80026-018 150.00

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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:** *Ivan Santiago* **2-13-07** **3619968754**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #