

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057442

**FILED**  
**Mar 13, 2005**  
**Secretary of State**

**Entity Name:** SANDOMINGO TRUCKING, INC.

**Current Principal Place of Business:**

409 N.E. 15TH AVENUE  
CAPE CORAL, FL

**New Principal Place of Business:**

409 N.E. 15TH AVENUE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

409 N.E. 15TH AVENUE  
CAPE CORAL, FL

**New Mailing Address:**

409 N.E. 15TH AVENUE  
CAPE CORAL, FL 33909

**FEI Number:** 56-2400506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDOMINGO, BERNA MARIA  
409 N.E. 15TH AVENUE  
CAPE CORAL, FL US

**Name and Address of New Registered Agent:**

SANDOMINGO, BERNA MARIA  
409 N.E. 15TH AVENUE  
CAPE CORAL, FL 33909 US

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.

**SIGNATURE:** BERNA MARIA SANDOMINGO

03/13/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTD ( ) Delete  
**Name:** SANDOMINGO, BERNA MARIA  
**Address:** 409 N.E. 15TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL

**Title:** VSD ( ) Delete  
**Name:** SANDOMINGO, JOSE AMBROSIO  
**Address:** 409 N.E. 15TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PTD (X) Change ( ) Addition  
**Name:** SANDOMINGO, BERNA MARIA  
**Address:** 409 N.E. 15TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33909

**Title:** VSD (X) Change ( ) Addition  
**Name:** SANDOMINGO, JOSE AMBROSIO  
**Address:** 409 N.E. 15TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** BERNA MARIA SANDOMINGO

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03/13/2005

Electronic Signature of Signing Officer or Director

Date