2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90342 029 ***150.00

DOCUMENT # P03000059003

1. Entity Name
CLAUDIO TRUCKING CO.

Principal Place of Business	Mailing Address
620 BUFORD AVE ORANGE CITY, FL 32763	620 BUFORD AVE ORANGE CITY, FL 32763

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04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1194315
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLAUDIO, JOSE A
620 BUFORD AVE
ORANGE CITY, FL 32763

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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 $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLAUDIO, JOSE A
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	TORRES, LUZ E
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	RIVERA, JOHAN
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	CLAUDIO, TONY
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	CLAUDIO, JORGE
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	CLAUDIO, MARIA
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763

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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: Jose A. Claudio Jos A. Claudio 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #