


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 031 ***150.00

DOCUMENT # P03000067694																																																																																							
1. Entity Name PORTSIDE TRUCKING, INC.																																																																																							
Principal Place of Business 10125 NW 87 AVE MEDLEY, FL 33178		Mailing Address 10125 NW 87 AVE MEDLEY, FL 33178																																																																																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 126325</i>																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State <i>Hialeah FL</i>																																																																																					
Zip	Country	Zip <i>33012-1605</i>	Country <i>USA</i>																																																																																				
6. Name and Address of Current Registered Agent BELLO, ALBERTO E 10125 SW 87 AVE HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>10125 NW 87 Avenue</i> City <i>MEDLEY</i> FL Zip Code <i>33178</i>																																																																																					
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 <i>Alberto E Bello</i> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BELL, ALBERTO E</td> <td>NAME</td> <td><i>Bello, Alberto E</i></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7431 BIG CYPRESS DR</td> <td>STREET ADDRESS</td> <td><i>6452 Willow Lane</i></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td>CITY-ST-ZIP</td> <td><i>Miami Lakes, FL 33014</i></td> </tr> <tr> <td>TITLE</td> <td>V Delete <input type="checkbox"/></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BELLO, DANIEL A</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14171 LEANING PINE DR.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST Delete <input type="checkbox"/></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BELLO, SYLVIA M</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14171 LEANING PINE DR.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	Delete <input type="checkbox"/>	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	BELL, ALBERTO E	NAME	<i>Bello, Alberto E</i>	STREET ADDRESS	7431 BIG CYPRESS DR	STREET ADDRESS	<i>6452 Willow Lane</i>	CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP	<i>Miami Lakes, FL 33014</i>	TITLE	V Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	BELLO, DANIEL A	NAME		STREET ADDRESS	14171 LEANING PINE DR.	STREET ADDRESS		CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP		TITLE	ST Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	BELLO, SYLVIA M	NAME		STREET ADDRESS	14171 LEANING PINE DR.	STREET ADDRESS		CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP		TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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: <i>Sylvia M Bello</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/28/07</i> Daytime Phone # <i>305-885-5229</i>																																																																																					