2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # P03000071152 1. Entity Name DAJOE TRUCKING CORP.					04-20-2007 90090 037 ***150.00				
Principal Place 9099 HASTIN ORLANDO, FI	NGS BEACH BLVD	Mailing Address 9099 HASTINGS BEACH BLVD ORLANDO, FL 32829		4 U U (1) 63 (284)	11 88 1 4 111 4 11 6	188(d) (88)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc. :		04052007	Chg-P	CR2E03	1 (12/06)		
City & State		City & State			4. FEI Number 20-00602	221			plied For t Applicable
Zip	Country	Zip	Countr	У	5. Certificate of Status Desired		S8.75 Additional Fee Required		
	6. Name and Address of Curren			7. Name and A	ddress of New R	tegistered Ag	ent		
	D, JOEL TINGS BEACH BLVD D, FL 32829	}	Street Address (P.O. Box Number	is Not Acceptable	e)			
			-	City			FL	Zip Code	9
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	d office or register	red agent, or both,	in the State of Flo	orida. I am fa	niliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E Registered	Agent signaturé (equired	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	DIRECTORS	\$ IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHAVIANO, JOEL 9099 HASTINGS BEACH BLVE ORLANDO, FL 32829	☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS			ţ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			l	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREE CITY-S	T ADDRESS			1	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			-	Change	Addition
12. I hereby of indicated	certify that the information supplied w on this report or supplemental report	ith this filing does not qualify for is true and accurate and that it	or the exer my signatu	mptions contained ure shall have the	in Chapter 119, I same legal effect	Florida Statutes. I	further certify	that the in	nformation or director

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 cath; 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: __

AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIREC

4/17/07

Dardena Phone #