## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2008 08:00 A Secretary of State DOCUMENT # P03000081757 1. Entity Name GABY TRUCKING CORPORATION Principal Place of Business Mailing Address 7951 SW 40TH STREET 7951 SW 40TH STREET 206 206 MIAMI, FL 33155 MIAMI, FL 33155 No Chg-P CR2E034 (11/05) 03142008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0114250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DIAZ, OSVALDO J 7951 SW 40 ST STE 206 MIAMI, FL 33155 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UQQQQQ862694 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PERALTA, MAYRA E NAME STREET ADDRESS 2110 COUNTRY CLUB BLVD CITY-ST-ZIP CAPE CORAL, FL 33990 TITLE HERNANDEZ, FRANK B NAME STREET ADDRESS 2110 COUNTRY CLUB BLVD CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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

OF MONING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

FILED