

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90065 038 ***150.00

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1. Entity Name

MARGOLLES TRUCKING CORP.



Principal Place of Business

9555 SW 24 ST
APT. G 106
MIAMI FL 33165

Mailing Address

9555 SW 24 ST
APT. G 106
MIAMI FL 33165



2. Principal Place of Business

8060 N 28 CT
Apt 204

3. Mailing Address

8060 N 28 CT
#204

1st MOORE

CR2E034 (10/04)

City & State

Hialeah, FL
Zip 33018 Country USA

City & State

Hialeah, FL
Zip 33018 Country USA

4. FEI Number

20-0127959

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGOLLES, ARMANDO
9555 SW 24 ST
APT. G 106
MIAMI FL 33165

8060 N 28 CT
#204 Hialeah
Fla 33018

7. Name and Address of New Registered Agent

Name Armando Margolles

Street Address (P.O. Box Number is Not Acceptable)

8060 N 28 CT APT #204

Hialeah

City

FL

Zip Code

33018

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

2/27/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARGOLLES, ARMANDO
STREET ADDRESS 9555 SW 24 ST
CITY-ST-ZIP MIAMI FL 33165
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MARGOLLES, ARMANDO
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 255-0417