2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000084663

SIGNATURE:

FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90145 041 ***150.00

1. Entity Name MARGOLLES TRUCKING CORP.								
Principal Place of Business Mailing Address				~ yu~	•			
8060 N 28 CT 8060 N 28 CT								
APT, 204 HIALEAH, FL 33018 HIALEAH, FL 33018								
201110								
		3. Mailing Address SO 60 W				[EU]		
Suite, Apt. #, etc. APT 204		Sylle, Apt. #, etc. Apr. 204			Chg-P CI	R2E034 (11/05)		
City & Stat	ean FL	City & State	FL	4. FEI Number 20-012795	i9	<u> </u>	plied For t Applicable	
Zip) 8 Country USA	Zip 2 2 019	Country	5. Certificate of St	atus Desired	\$8.75 Add	itional	
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Regist	Fee Required	····	
MARCOLLEG ARMANDO			Name					
MARGOLLES, ARMANDO 8060 W 28 CT			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
APT, 204 . HIALEAH, FL-33018								
	9		City		<u>.</u>	FL Zip Code	3	
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: I	Registered Agent signature requ	ired when reinstating)		DATE		
	, å							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Stection Campaig Trust Fund Contrib		55.00 May Be dded to Fees				
10.	OFFICERS AND DI		11.	ADDITIONS/CHA	NGES TO OFFICERS			
TITLE NAME	MARGOLLES, ARMANDO	☐ Delete	TITLE NAME			Change	Addition Addition	
STREET ADDRESS	8060 W 28 CT APT 204		STREET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33018	Пал	CITY-SI-ZIP					
NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-SI-ZIP			☐ Change	CT Addition	
NAME		La Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	,	☐ Delete	FILE			☐ Change	☐ Addition	
NAME			NAME			_ ,		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME CYPERY APPRISON					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME SUBSELL ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the collaboration	certify that the information supplied with the don this report or supplemental report is to reporation or the receiver or trustee proposes, or on an attachment with an address.	nis filing does not qualify for ue and accurate and that my efect to execute this report a mall other like empowered.	the exemptions contain signature shall have the signature by Chapter (ned in Chapter 119, Flo ne same legal effect as 607, Florida Statutes; an	rida Statutes, I furthi if made under oath; ad that my name app	er certify that the in that I am an officer bears in Block 10 or	nformation or director Block 11 if	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROX.