2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 8:00 am Secretary of State

DOCUMENT # P03000084663 1. Enity Name MARGOLLES TRUCKING CORP.								02-26-2007	_	4 ***150	
Principal Place of Business M			ailing Address		\dashv	• 011	7.70~				
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			APT, 204								
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2. Principal Place of Business - No P.O. Box # 3			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0:	2172007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4.	4. FEI Number Applied For 20-0127959 Not Applicable				
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
MARICOLLEG ARMANDO					Name						
MARGOLLES, ARMANDO 8060 W 28 CT					Street Address (P.O. Box Number is Not Acceptable)						
APT, 204 HIALEAH, FL 33018											
					City	City FL Zip Code					
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 renstating) DATE											
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.						\$5.00 Added to	May Be Fees				
10. OFFICERS AND DI			RECTORS 11.			A	ADDITIONS/CHANGES TO OFFICERS AND DIRE				SIN 11
TITLE	P				TITLE					Change	☐ Addition
NAME STREET ADDRESS	MARGOLLES, ARMANDO 8060 W 28 CT APT 204		NAM STRE	ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP						
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CITY-ST-ZIP			7.00	CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	E					Change	Addition

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 certify that if 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 actorises, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/07

786)255-0417