

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 18, 2005
Secretary of State**

DOCUMENT# P03000098875

Entity Name: MARIGOLD TRUCKING CORPORATION

Current Principal Place of Business:

5954 LINCOLN CIRCLE WEST
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5954 LINCOLN CIRCLE WEST
LAKE WORTH, FL 33463

New Mailing Address:

17841 NW 47 CT
OPA LOCKA, FL 33055

FEI Number: 20-0222960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOFIL INVESTMENTS, INC.
5280 N.W. 20 TERRACE, HANGER 58
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HERNANDEZ, FRANCISCO C
Address: 5954 LINCOLN CIRCLE WEST
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Delete
Name: HERNANDEZ, ANA M
Address: 5954 LINCOLN CIRCLE WEST
City-St-Zip: LAKE WORTH, FL 33463

Title: VP (X) Delete
Name: MOTA, HUMBERTO
Address: 9089 NW 145 LN
City-St-Zip: HIALEAH, FL 33018

Title: TD () Delete
Name: VALDES, DALIA C
Address: 17841 NW 47 CT
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO C HERNANDEZ

PST

03/18/2005

Electronic Signature of Signing Officer or Director

Date