## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P03000099442** 1. Entity Name 02-02-2004 90017 005 \*\*\*150.00 I & L TRUCKING, INC. Principal Place of Business Mailing Address 555 S.W. 58TH AVENUE 555 S.W. 58TH AVENUE MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 CR2E034 (10/03) Cha-P 4. FEI Number 20-0215 485 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name @ RUZ Name CRUZ, JOR GE Street Address (P.O. Box Number is Not Acceptable) 3-2-6-6-N: (2)-3-5-70 VALDES, IVON 555 S.W. 58TH AVENUE MIAMI, FL 33144 City MIANI 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. 1 am familiar with, and accept the obligations of registered agent. 1-12-04 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Tedinfored agent and right applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Secretary TITLE " ☐ Delete TITLE NAME. VALDES, IVON NAME VALDES, IVON 555 SW. 58 Avenue STREET ADDRESS 555 S.W. 58TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-7IP 33*144* TITL F VP D Delete TELE ☐ Channe ☐ Addition NAME GONZALEZ, LUIS NAME STREET ADDRESS 555 S.W. 58TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33144 Delete PRESIDENT/DIRECTUR **Change** Addition TITLE TITLE 3208 NW 3 street NAME CRUZ, JORGE NAME STREET ADDRESS STREET ADDRESS 555 S.W. 58TH AVENUE CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP Mi'ami ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 addless, with all other like empowered. (PRESIDENT SIGNATURE: \_

FILED

Feb 02, 2004 8:00 am