




2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 010 ***150.00

DOCUMENT # P03000109808 1. Entity Name FIRST FLORIDA TRUCKING, INC.					
Principal Place of Business 1433 41 AVE VERO BEACH FL 32960			Mailing Address 1433 41 AVE VERO BEACH FL 32960		
2. Principal Place of Business - No P.O. Box # 8695 22nd STREET		3. Mailing Address Suite, Apt. #, etc. 			
City & State VERO BEACH, FL		City & State 		4. FEI Number 80-0077965	
Zip 32966		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABOCHAJA, LUTFI 1433 41 AVE VERO BEACH FL 32960			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 8695 22nd STREET City VERO BEACH FL Zip Code 32966		
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  DATE 4-17-08 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABOCHAJA, LUTFI 1433 41 AVE VERO BEACH FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	> same 8695 22nd STREET VERO BEACH FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: 			4-17-08 772-473-3857		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					