2006 FOR PROFIT CORPORATION

May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000114427 LAZO TRUCKING CORP. Principal Place of Business Mailing Address 2340 NW 15TH STREET 2340 NW 15TH STREET MIAMI, FL 33125 MIAMI, FL 33125 CR2E034 (11/05) 04272006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbar 80-0079315 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LAZO, CARLOS DO NOT WRITE 2340 NW 15TH STREET MIAMI, FL 33125 IN THIS SPACE 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 Ficrida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and fife if applicable. (NOTE: Registered Agent signature (aquired when reinstating) DATE Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 UDDOODS554**89** \Box Trust Fund Contribution. Added to Fees 05/16/06-80033-022 150.00 OFFICERS AND DIRECTORS PD TITLE LAZO, CARLOS NAME STREET ADDRESS **2340 NW 15TH STREET** MIAMI, FL 33125 COY-ST-792 VΩ TITLE NAME LAZO, ELIMAR 2340 NW 15TH STREET STREET ADDRESS MIAMI, FL 33125 CITY-ST-ZIP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-IN

12. Thereby certify that the information supplied with this fifting 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 affect as if made under eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

MITED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/06 Caytre Profit

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