## 2006 FOR PROFIT CORPORATION

## FILED Mar 15, 2006 08:00 AM

ANNUAL REPUR								Secretary of State				
DOCUMENT # P03000118346  1. Enlity Name ANDRES FIGUEROA TRUCKING,INC.								Secr	etary	01 St	ate	
Principal Place of Business				Mailing Address								
4223 S.E. 1RST AVENUE			4223 S.E. 1RST AVENUE									
CAPE CORAL, FL 33904 US			CAPE CORAL, FL 33904 US			1 (88) (80)	r Saras kini bank bakik da	(1) (1 <b>1)</b> (1 <b>1)</b>	alan kun aidha nu	2 <b>82</b> 1 22 2002		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. II., etc.			Suite, Apt. #. etc.			03052006	Chg-P	CR2E	034 (11/05)			
City & State			Chy & State				4. FEI Numb			No	plied For t Applicable	
Ztp	Country			Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent					
6. Name and Address of Currer				t Registered Agent Name			7. Name and	Address of New	Registered	Agent		
FIGUERO 4223 S.E CAPE CO	. 1RST A	VE.			Street Address (P.O. Box Number is Not Acceptable)							
						City	<u></u>		Fi	Zip Code	9	
8 The above	named eptit	N submits this statement	for the n	urpose of changing its	register	ed office or registe	ered agent or by	oth in the State of F		<del>-</del> (	and accept	
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 nerve of registered agent end title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees												
10.		OFFICERS AN	ID DIREC	TORS	11.		ADDITIONS	CHANGES TO OF	FICERS AN	O DIRECTOR	3 IN 11	
TITLE NAME	P	A ANDRES!		☐ Delete	TITL NAM	,				Change	🗖 Addillan	
NAME FIGUEROA, ANDRES L STREET ADDRESS 4223 S.E. 1RST AVENUE					•	EET ADDRESS						
CHY-ST-ZIP	CAPE CORAL, FL 33904				1-ST-ZIP					<u>.</u>		
MLE	VP FIGUEROA, LEONOR			☐ Dolete	E	U00000467836 <sup>Change</sup> □ Addition 03/24/06-80008-017 150.00						
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CITY-ST-ZIP	1		-			Y-57-ZIP						
12. I hereby	certify that th	ne information supplied w	vith this ti	ling does not qualify f	or the ex	temptions containe	ed in Chapter 11	9, Florida Statutes.	I further ce	rtily that the It	nformation	
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 egoht is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or these emproyeered 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: SEQUELIFICATION OFFICER OF DIRECTOR DATE OF DAYS PROPERTY OF DA												
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