## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2007 8:00 am Secretary of State

					Secretary of State			
DOCUMENT # P03000118346  1. Entity Name ANDRES FIGUEROA TRUCKING,INC.							90184 032 ***	
Principal Place	Mailing Address	Address						
4223 S.E. 1RST AVENUE		4223 S.E. 1RST AVENUE		4000	10000			
CAPE CORAL, FL 33904 US		CAPE CORAL, FL 33904 US		1				
CAFE GUIVAL	TE 33904 US	CAFE CORAL, IE 3330	r <del>4</del> 0.					1 <b>5</b> 11/ <b>3 1</b> 1: 10 11:
Principal Place of Business - No P.O. Box #     3. Mailing Add								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232007	Chg-P	CR2E034 (12/0		
City & State		City & State		4. FEI Number 56-2408			Applied For Not Applicable	
Zìp	Country	Zip	Coun	ntry		of Status Desired	Fee Requ	Additional rired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
Namo								· i
FIGUEROA, ANDRES L					/PO Boy Numba	r is Not Acceptable	<u>,,,</u>	
120 012. 110171121					(F.O. Bux Numbe	is not acceptable	3)	
CAPE CORAL, FL 33904					***			
				City			FL Zip C	ode
8 The above	named entity submits this statement for	or the nurroose of changing its	register	ed office or registe	ared agent, or both	in the State of Fig		th, and accord
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 100 S S S S S S S S S S S S S S S S S S								
Signature, typed or printed/name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.								
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE	P	☐ Delete	TITL	E			☐ Chane	e 🗌 Addition
NAME	FIGUEROA, ANDRÉS L		NAM	AE				
STREET ADDRESS	4223 S.E. 1RST AVENUE		STRE	EET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY	r-ST-ZIP				
TITLE	VP	☐ Delete	TITL	E			☐ Chane	c Addition
NAME	FIGUEROA, LEONOR	20000	NAM				<b>_</b>	
STREET ADDRESS	4223 S.E. 1RST AVENUE		STR	EET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY	r-ST-ZIP				
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STREET ADDRESS				EET ADDRESS				
CJTY-ST-ZIP				r-ST-ZIP				
TITLE		☐ Delete	TITL	E		<del>,</del>	Chan	ge Addition
NAME		□ Dolete	NAM				C Cutani	je Addition
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TITLE		☐ Delete	TITE	l l			Chan	ge 🔲 Addition
NAME STREET ADDRESS			NAM	AE EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
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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 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 chapter 607, provided or on an attachment with an address, with all gather like empowered.								
changed	or on an attachment with an addraga	with all other file ampounded		•		, -		

SIGNATURE: X\_ Date Davtime Phone #