APR-26-2005 02:06 PM FIRST COAST TAX

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90220 038 ***150.00

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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000122450

1. Entity Name
A.G.M. TRUCKING INC.

Principal Place of Business	Mailing Address
6120 ROBBINS CIR SOUTH JACKSONVILLE, FL 32211	6120 ROBBINS CIR SOUTH JACKSONVILLE, FL 32211

2. Principal Place of Business	3. Mailing Address
12714 Megan Jean CT Jax Fl 32218	12714 Megan Jean CT Jax Fl 32218
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 85-1207189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ARLEXS 6120 ROBBINS CIR SOUTH JACKSONVILLE, FL 32211	Name: Gonzalez, Arlexs. Street Address (P.O. Box Number is Not Acceptable): 12714 Megan Jean Court City: Jacksonville FL Zip Code: 32218

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: X Yakelin Diaz Vice president 4-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GONZALEZ, ARLEXS 6120 ROBBINS CIR SOUTH JACKSONVILLE, FL 32211	☐ Delete	Gonzalez, Arlexs 12714 Megan Jean Court Jax, Fl 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIAZ, YAKELIN 6120 ROBBINS CIR SOUTH JACKSONVILLE, FL 32211	☐ Delete	Diaz, Yakelin 12714 Megan Jean Court Jax, Fl 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby 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 address, with all other like empowered.

SIGNATURE: Yakelin Diaz Vice president 4-27-05 (904) 696-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #