


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000135338

1. Entity Name
CHATO'S TRUCKING, INC.



Principal Place of Business 29001 SW 167 AVE. HOMESTEAD, FL 33030	Mailing Address 29001 SW 167 AVE. HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



06132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0432292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMEZQUITA, GUADALUPE
 15880 SW 293RD TERR
 HOMESTEAD, FL 33033**

DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000957643 08/13/08-80003-012 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMEZQUITA, GUADALUPE 1127 SE 12 TERR HOMESTEAD, FL 33035
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guadalupe Amezquita* **8/8/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #