

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90375 035 \*\*\*150.00

**60024290**



03232006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000137245</b> 1. Entity Name <b>SAN FRANCISCO DE ASIS TRUCKING CO.</b>					
Principal Place of Business <b>4635 SW 3RD AVE HIALEAH, FL 33012</b>			Mailing Address <b>122 MADEIRA AVE CORAL GABLES, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address <b>4635 SW 3rd Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Hialeah FL</b>		4. FEI Number <b>58-2677102</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33012</b>		Country <b>Miami-Dade</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NETSCH, MAITTE 122 MADEIRA AVE CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Felix Almeida</b> Street Address (P.O. Box Number is Not Acceptable) <b>4635 West 3rd Ave</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>	
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 <b>Felix Almeida</b> <b>3/25/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSVT ALMEIDA, FELIX 4635 WEST 3RD AVE HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Felix Almeida</b> <b>3/25/06</b> <b>(786) 298-8058</b> <small>SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>					