2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # D02000144254



FILED Apr 16, 2007 8:00 am Secretary of State

1. Entity Name CABANA'S TRUCKING, INC.								04-16-2007	90051 0	35 ***15	50.00
Principal Plac 121 GOLDEN NAPLES, FL	121 GOLD	Mailing Address 121 GOLDEN GATE BLVD EAST NAPLES, FL 34120			400						
2. Principal P	3. Mailing A	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			04122007	Chg-P	CR2E03	4 (12/06)		
City & State	е	City & Sta	City & State			4. FEI Number 20-042				plied For at Applicable	
Zip		Country	Zíp	Zip Country				of Status Desired	[] F	8.75 Add ee Require	
	6. Name	and Address of Current	Registered Age	ent			7. Name and	Address of New Ro	egistered A	jent	
GONZALE				Name							
121 GOLDEN GATE BLVD EAST NAPLES, FL 34120				Street Addres			(P.O. Box Numbe	er is Not Acceptable	e) 		
				City			FL	Zip Code	e		
the obligat	named entity	y submits this statement for ered agent.	or the purpose o	f changing its	registere	Led office or registe	red agent, or bot	h, in the State of Flo		 miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and tide if applicable.	(NOTE	E. Registere	d Agent signature require	d when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.		ection Campai ust Fund Contr			.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EZ, TIMOTEO R DEN GATE BLVD EAS' FL 34120		□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP]	☐ Delete		•				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP				☐ Change	Addition
12. TREFERVO	certify that the	e information supplied with	n iais illina does	not quality to	r ine exe	emptions contained	o in Chapter 119	riorida Statutes. L	iumner certif	v that the tr	าเอยกาลขอก

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.

SI	G	N/	١T١	Ul	R	Ε	•

4-12-07 Date

Daytime Phone #