

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014153

1. Entity Name
B A & K, TRUCKING CORP



Principal Place of Business
339 SW 195 AVENUE
PEMBROKE PINES, FL 33029 US

Mailing Address
339 SW 195 AVENUE
PEMBROKE PINES, FL 33029 US



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2683117
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARMENDIA, ANTONIO
339 SW 195 AVENUE
PEMBROKE PINES, FL 33029

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
GARMENDIA, ANTONIO
STREET ADDRESS
339 SW 195 AVENUE
CITY-ST-ZIP
PEMBROKE PINES, FL 33029

TITLE
NAME
VP
GARMENDIA, BERTA
STREET ADDRESS
339 SW 195 AVENUE
CITY-ST-ZIP
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000471029
03/28/06-80037-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO GARMENDIA
PRESIDENT

Date

Daytime Phone #