2005 FOR PROFIT CORPORATION

Aug 15, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000015230** 08-15-2005 90079 040 ***150.00 1. Entity Name A & J TRUCKING CORP Principal Place of Business Mailing Address 50061511 P. O. BOX-772445 14173 SERENA LAKE DR ORLANDO, FL 32877 ORLANDO, FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08102005 CR2E034 (10/03) City & State 4XEI Number City & State Applied For 20-05 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGUILAR, LUIS 14173 SERENA LAKE DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32837 City Zip Code 8. The above named entity shomits 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 tered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.60 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change AGUILAR, LUIS NAME NAME PO BOX 772445 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32877 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 fustee empoyered 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 attachme

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #