


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 045 \*\*\*150.00

<b>DOCUMENT # P04000027107</b>	
1. Entity Name <b>JAIMES TRUCKING INC.</b>	

Principal Place of Business <b>1028 SE 5TH ST CAPE CORAL, FL 33990 US</b>	Mailing Address <b>1028 SE 5TH ST CAPE CORAL, FL 33990 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1028 SE 5TH ST</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cape Coral, FL</b>	City & State
Zip <b>33990</b>	Country <b>US</b>



05092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0707302</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MEEK-STEPHENSON, BRANDY L 1028 SE 5TH ST CAPE CORAL, FL 33990</b>		
7. Name and Address of New Registered Agent Name: <b>Brandy Meek-Stephenson</b> Street Address (P.O. Box Number is Not Acceptable): <b>1028 SE 5TH ST</b> City: <b>Cape Coral</b> FL Zip Code: <b>33990</b>		

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <b>Brandy Meek-Stephenson</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <b>5/8/07</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIOGO, LEONARD 1028 SE 5TH ST CAPE CORAL, FL 33990</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Brandy Meek-Stephenson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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