

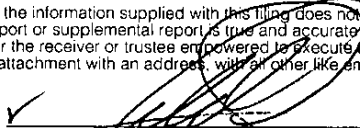


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90199 026 ***150.00

DOCUMENT # P04000037038 1. Entity Name ALDO TRUCKING INC					
Principal Place of Business 601 NW 31 AVE MIAMI, FL 33125 US			Mailing Address 601 NW 31 AVE MIAMI, FL 33125 US		
2. Principal Place of Business 15 Russel Drive		3. Mailing Address 15 Russel Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Palm Coast, Florida		City & State Palm Coast, Florida			
Zip 32164		Country USA		4. FEI Number 20-0785008	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		5062005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MARRERO, ALDO N 601 NW 31 AVE MIAMI, FL 33125				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 15 Russel Drive City Palm Coast FL Zip Code 32164	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, ALDO N 601 NW 31 AVE MIAMI, FL 33125	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Changed Address: 15 Russel Drive Palm Coast, Florida 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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)(i), 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					
Date 5-9-2005 Daytime Phone #					