

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-16-2005 90200 023 \*\*\*150.00

<b>DOCUMENT # P04000038756</b> 1. Entity Name <b>JOMA TRUCKING INC</b>					
Principal Place of Business <b>2190 EAST 8 AVE #B HIALEAH, FL 33013</b>			Mailing Address <b>2190 EAST 8 AVE #B HIALEAH, FL 33013</b>		
2. Principal Place of Business <b>15 Russel Drive</b>		3. Mailing Address <b>15 Russel Drive</b>			
Suite, Apt. #, etc. <b>Palm Coast</b>		Suite, Apt. #, etc. <b>Palm Coast</b>			
City & State <b>Palm Coast, Florida</b>		City & State <b>Palm Coast, Florida</b>		4. FEI Number <b>20-0785104</b>	
Zip <b>32164</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARRERO, JOEL 2190 EAST 8 AVE #B JACKSONVILLE, FL 33013</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>15 Russel Drive</b> City <b>Palm Coast</b> <b>FL</b> Zip Code <b>32164</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</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.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARRERO, JOEL</b> <b>2190 EAST 8 AVE #B</b> <b>MIAMI, FL 33013</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Changed address:</b> <b>15 Russel Drive</b> <b>Palm Coast, Florida 32164</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 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.					
<b>SIGNATURE: <i>Joel Marrero</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5-9-2005 386-586-5296</b> <small>Date Daytime Phone #</small>		