2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Jan 27, 2006 08:00 A			
DOCUMENT # P04000049536 1, Entity Name T A TRUCKING OF TAMPA, INC					Secretary of State			
Principal Place of Business 5124 N MATANZAS AVE TAMPA, FL 33614	512	ng Address 4 N MATANZAS AVE IPA, FL 33614	9-3	<i>y</i> .				
			na yawa ga a nan	* 1,2,2	1 (=2,122,7)	7-17	(
DO NOT WE	RITE IN	THIS SPA	CE		01202006 4. FEI Number 20-089 5. Certificate			Applied For Not Applicable 8.75 Additional Required
6. Name and Address of	f Current Register	ed Agent		!		·		
TORRES, RICARDO 1 5124 N MATANZAS AVE TAMPA, FL 33614			DO NOT WRITE IN THIS SPACE					
The above named entity submits this st the obligations of registered agent.	atement for the pur	pose of changing its registe	ared office or r	egistere	ad agent, or bot	th, in the State of Flo	orida, I am far	niliar with, and accept
SIGNATURESignature, typed or printed name of rec	istered agent and litte if ap	ptcable. (NOTE: Registe	red Agent signature	banupar e	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fit Trust Fund Contribution			\$5.0 Adde	00 May Be ed to Fees	110000 02/03/06	0402575 -80013-6	311 150.00	
10. OFFIC IITLE	ĒRS AND DIRĒCTO	DRS					-	
TITLE D NAME ASENCIO, MAELYS STREET ADDRESS 5124 N MATANZAS AV CITY-ST-ZIP TAMPA, FL 33814	E				" <u>"</u>			. • •
TITLE NAME EVERT ADDRESS	NV all -				···			

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:

CTTY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

Machs Asencio

1-25-2006

(813) 348-0268