CR2E034 Chg-P

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Secretary of State

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05-16-2008 90020 031 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050837

1. Entity Name
MAV TRUCKING CORPORATION, INC.

40103220

(P04000050837P)

Principal Place of Business	Mailing Address
530 NW 129TH ST MIAMI, FL 33168	PO BOX 612646 MIAMI, FL 33261

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2. Principal Place of Business No P.O. Box #	3. Mailing Address
530 NW 129th St	530 NW 129th St
Suite, Apt #, etc. Miami, Fl	Suite, Apt #, etc.
City & State Miami, Fl	City & State Miami, Fl
Zip 33168 Country Dade	Zip 33168 County Dade

4. FEI Number 20-0924259 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VICENTE, MARCO A
2925 NW 26TH STREET
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name Vicente, Marco A
Street Address (P.O. Box Number is Not Acceptable) 530 NW 129th St
City Miami FL Zip Code 33168

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 M. Vicente . . - - President 05/12/08

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD VICENTE, MARCO A 2925 NW 26TH STREET MIAMI, FL 33142	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Vicente, Marco A 530 NW 129 st. Miami, Fl. 33168 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: M. Vicente . . - - 05/12/08 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.