2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000051190

1. Entity Name
MATANZAS TRUCKING CORP.

Principal Place of Business	Mailing Address
15200 EDISTO WAY APT 471 FT MYERS, FL 33908	15200 EDISTO WAY APT 471 FT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0639182

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☑ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ARLENE
15200 EDISTO WAY APT 471
FT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000524306
05/04/06-80009-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ARLENE
STREET ADDRESS	15200 EDISTO WAY APT 471
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	VP
NAME	RODRIGUEZ, GEOSVANY
STREET ADDRESS	15200 EDISTO WAY #471
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Arlene Rodriguez 4-18-06 239-462-2636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #