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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2

2005 FOR PRO..T CORPORATION ANNUAL REPORT

DOCUMENT # P04000056197

1. Entity Name
LORENZO CAMPUZANO TRUCKING, INC.

03212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1804 GRANT AVE IMMOKALEE, FL 34142	1804 GRANT AVE IMMOKALEE, FL 34142
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0893632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CAMPUZANO, LORENZO
1804 GRANT AVE
IMMOKALEE, FL 34142

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPUZANO, LORENZO	NAME	
STREET ADDRESS	1804 GRANT AVE	STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE, FL 34142	CITY-ST-ZIP	
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

REINSTATEMENT 2005

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: Lorenzo Campuzano 3-28-05 239-657-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Received this letter on 8-27-05

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Lorenzo Campuzano
Lorenzo Campuzano Trucking
1804 Grant Ave
Immokalee, Fl 34142

Division of Corporations
PO Box 6198
Tallahassee, Fl 32314-6198

RE: P04000056197

January 5, 2006

To whom it may concern;

I'm writing in response to the notice I received of Dissolution or Revocation of my S-Corp. I sent in all the necessary paperwork and a check in the amount of $150.00 dollars which was dated March 28, 2005. Therefore I do not understand why my S-Corp is being dissolved or revoked. I am enclosing a copy of the Annual Report I filed and of my cancelled check. I hope that this should take care of any matters pending. Please advise me should you need any further information.

Sincerely,

Lorenzo Campuzano