

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90201 007 ***158.75

DOCUMENT # P04000073814

1. Entity Name

DEL RIO TRUCK & EQUIPMENT, INC.



Principal Place of Business

9545 RANGE LINE RD
FT PIERCE FL 34987

Mailing Address

9545 RANGE LINE RD
FT PIERCE FL 34987



2. Principal Place of Business

418 ANGLE RD.

Suite, Apt. #, etc.

3. Mailing Address

2044 SW McALLISTER LN

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Fort Pierce FL

Zip 34947

Country

Port St Lucie

City & State

Port St Lucie FL

Zip 34953

Country

Port St Lucie

4. FEI Number

20-1100270

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, LEON JR.
3065 SW 18 ST
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name LEON DOMINGUEZ JR

Street Address (P.O. Box Number is Not Acceptable)

2044 SW McALLISTER LN

City Port St. Lucie FL

Zip Code 34953

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 LEON DOMINGUEZ JR

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME DOMINGUEZ, LEON JR
STREET ADDRESS 3065 SW 18 ST
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LEON DOMINGUEZ JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06 772 201 6588