APR-06-2006 15:05 P.01/01

1of2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000081712

1. Entity Name
BMG TRUCKING CORP

FILED
06 AUG 14 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 05-06

2. Principal Place of Business	3. Mailing Address
18311 SW 149 AVE	18311 SW 149 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33187 Country	Zip: 33187 Country

4. FEI Number 20-1167597 Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DE LA CRUZ SIGIFREDO

Street Address (P.O. Box Number is Not Acceptable): 18311 SW 149 AVE

City: MIAMI FL Zip Code: 33187

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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

100078764351
08/16/06--01024--013 **300.00

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	P
NAME	DE LA CRUZ SIGIFREDO
STREET ADDRESS	18311 SW 149 AVE
CITY-ST-ZIP	MIAMI FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

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

TOTAL P.01

B. Mitchell AUG 15 2006

BMG TRUCKING, CORP.
18311 SW 149TH AVENUE
MIAMI FL 33187

May 1st, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: DOCUMENT#: P04000081712 2005 & 2006

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00 for each year.

Please advise.

Your cooperation is appreciated.

Sincerely,

Sigifredo De La Cruz