2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2005 8:00 am Secretary of State

DOCUMENT # P04000094898 1. Entity Name SANZ TRUCKING CORP									02-23-2005 9	00066 03	37 ***150).00	
Principal Place of Business Mailing Address													
2735 WEST 5	S2ND ST		35 WEST 52ND ST					0022014					
SUITE 209 HIALEAH, FL 33016 D				SUITE 209 Hialeah, Fl 33016 D				4	0022014				
, , , , , , , , , , , , , , , , , , ,								16A 618A 618A 68A 68A					
				ailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02062005	Chg-P	CR2E0:	34 (10/03)	- <u>-</u>	
City & State			4	City & State				4. FEI Numbe	1270874		<u> </u>	plied For Applicable	
Zip	Country			Zip Count				5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								7. Name and	Address of New Ro				
							Name						
SANZ, JUAN 2735 WEST 52ND ST						Street Address (P.O. Box Number is Not Acceptable)							
HIALEAH, FL 33016								· ·	·				
						City					13:0:4		
							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 side if applicable. (NOTE: Registered Agent signature required when reinstating) OATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution							\$5. Add	00 May Be ed to Fees			· · · · ·	<i>1</i>	
10.	OFFICERS AND I			DIRECTORS 11.				ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	P Delete				TITE						☐ Change	Addition	
NAME STREET ADDRESS	SANZ, JUAN 2735 WEST 52ND ST SUITE 209				NA)	AE EET ADORESS							
CITY-ST-ZIP	HIALEAH, FL 33016				•	r-ST-ZiP							
TITLE				☐ Delete	Tilt	£					☐ Change	Addition	
NAME	NA NA												
STREET ADORESS CITY+ST-ZIP	1					EET ADORESS (-St-Zip							
TITLE	-			☐ Delete	TIÈ			·	······································				
NAME				C Detate	NAJ	- 1					Ctrange	☐ Addition	
STREET ADDRESS					STR	EET ADORESS							
CITY-ST-ZIP	ļ				CIT	(-ST-ZIP						<u> </u>	
TITLE NAME				☐ Delete	TITE						Change	Addilion .	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					Cit	r-ST-ZIP							
TITLE			,	Delete	TITL			9, 1			☐ Change	Addition	
NAME Street address					NA. STR	AE Eet adoress							
CITY-ST-ZIP * 1	ार्ड म			The Most Januara Harater	A	r-ST-ZIP	,.,:	A Section 1					
TITLE	-			Delete -	Titt	.E					☐ Change	☐ Addition	
NAME.		-	***	٠,,	- 1	,							
STREET ADORESS CITY+ST-ZIP.		•				EET ADDRESS (-ST-ZIP							
12. Thereby o	certily that th	ne information supplied wi	In this lilir	ng does not qualify to	r the ex	emption state	ed in Se	ction 119.07(3)(i), Florida Statutes. I	further cer	tily that the in	nlormation	
indicated	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 furstee 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR