2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90055 034 ***150 00 **DOCUMENT # P04000118038** 1. Entity Name R & C AYALA TRUCKING, INC. 90090217 Principal Place of Business Mailing Address 345 N. 18TH STREET 345 N. 18TH STREET IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AYALA, CONSUELO Street Address (P.O. Box Number is Not Acceptable) 345 N. 18TH STREET IMMOKALEE, FL 34142 Zip Code FL 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, typed or printed name of registered agent and libe if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FÎLE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS i 10. ... ; 11. **PVST** TITLE ☐ Delete TITLE Change ncinbbA 🔲 AYALA, CONSUELÖ NAME NAME 345 N. 18TH STREET STREET ADDRESS STREET ADDRESS IMMOKALEE, FL 34142 CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Addition TITLE ☐ Change NAME AYALA, CONSUELO **345 N. 18TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IMMOKALEE, FL 34142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THEF TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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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.

FILED