

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90357 011 ***150.00

DOCUMENT # P04000121381

1. Entity Name
ARISTO TRUCKING, INC.



Principal Place of Business
**1321 SE 8TH AVE
CAPE CORAL, FL 33990**

Mailing Address
**1321 SE 8TH AVE
CAPE CORAL, FL 33990**

2. Principal Place of Business
1725 SE 2nd terrace

3. Mailing Address
1725 SE 2nd TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162005 Chg-P CR2E034 (10/03)

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number
57-1210304

Applied For
Not Applicable

Zip
33990

Country
U.S.A.

Zip
33990

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ARISTOMELIA
1321 SE 8TH AVE
CAPE CORAL, FL-33990**

Name
Street Address (P.O. Box Number is Not Acceptable)
1725 SE 2nd TERRACE
City **CAPE CORAL** **FL** Zip Code **33990**

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

Aristomelia Garcia

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARCIA, ARISTOMELIA
1321 SE 8TH AVE
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1725 SE 2nd Terrace
CAPE CORAL, FL 33990** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Aristomelia Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARISTOMELIA GARCIA 04/16/05 230-574-461

Date

Daytime Phone #