

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122633

FILED
Jul 05, 2006
Secretary of State

Entity Name: MERCEDES TRUCKING, INC

Current Principal Place of Business:

1035 MCKINNON AVENUE
OVIEDO, FL 32765 US

New Principal Place of Business:

4045 SAFFLOWER TERRACE
OVIEDO, FL 32766 US

Current Mailing Address:

1035 MCKINNON AVENUE
OVIEDO, FL 32765 US

New Mailing Address:

4045 SAFFLOWER TERRACE
OVIEDO, FL 32766 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, MERCEDES
1035 MCKINNON AVENUE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CARDENAS, MERCEDES
4045 SAFFLOWER TERRACE
OVIEDO, FL 32766 US

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.

SIGNATURE:

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: CARDENAS, MERCEDES
Address: 1035 MCKINNON AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: CARDENAS, CAROLINA
Address: 1035 MCKINNON AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: SEC () Delete
Name: CARDENAS, MARCELA
Address: 1035 MCKINNON AVENUE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: CARDENAS, MERCEDES
Address: 4045 SAFFLOWER TERRACE
City-St-Zip: OVIEDO, FL 32766

Title: VP (X) Change () Addition
Name: CARDENAS, CAROLINA
Address: 4045 SAFFLOWER TERRACE
City-St-Zip: OVIEDO, FL 32766

Title: SEC (X) Change () Addition
Name: CARDENAS, MARCELA
Address: 4045 SAFFLOWER TERRACE
City-St-Zip: OVIEDO, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERCEDES CARDENAS

D,P

07/05/2006

Electronic Signature of Signing Officer or Director

Date