

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90081 003 ***150.00

DOCUMENT # P04000135554	
1. Entity Name G.E.M & SONS TRUCKING CO.	

Principal Place of Business 1317 PINES LN WEST PALM BEACH, FL 33415	Mailing Address 1317 PINES LN WEST PALM BEACH, FL 33415
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40003940



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1681736	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANZANET, GABRIEL E SR. 1317 PINES LN WEST PALM BEACH, FL 33415		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 <u><i>Gabriel E. Manzanet Sr.</i></u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>01/14/05</u> (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZANET, GABRIEL E SR. 1317 PINES LN WEST PALM BEACH, FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZANET, GABRIEL E. SR. 1317 PINES LANE WEST PALM BEACH, FL 33415 ☒ Change ☒ Addition 97%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MANZANET, LISARDO 850 SUMMIT LAKE DR. WEST PALM BEACH, FL 33406 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANZANET, GABRIEL E. JR. 1710 18TH AVE. NORTH LAKE WORTH FL 33460 ☐ Change ☒ Addition 1%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANZANET, JUAN C. 717 SUNNY PINE WAY APT. D-2 WEST PALM BEACH, FL 33415 ☐ Change ☒ Addition 1%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANZANET, LISARDO 850 SUMMIT LAKE WEST PALM BEACH, FL 33406 ☒ Change ☐ Addition 1%
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, without other name empowered.			
SIGNATURE: <u><i>Gabriel E. Manzanet Sr.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>01/14/05</u> Date	
		DAYTIME PHONE # <u>561-687-0690</u> Daytime Phone #	