FILED 2006 FOR PROFIT CORPORATION Feb 24, 2006 8:00 am

7.76	*1 ****					·	766161	21 V II	1,712	115	
DOCUMENT # P04000140745 1. Entity Name A & R TRUCKING INC.							02-24-2006 90017 022 ***150.00				
Principal Place of Business Mailing Address						- L	ב ייענט				
4123 S.W. 22 CT 4123 S.W. 22 CT						40	0, -				
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Principal Place of Business 3. Mailing Address				5							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			02182006	Cha P	CDSEU	34 (11/05)		
							Chg-P	CRZEO	»+ (T1/U3)		
City & State			City & State			4. FEI Numb	er ,	-	Ar	plied For	
					20-173	1019		No	t Applicable		
Zip	Zip Country		Zip Cou		ntry	5 Cortificate	of Status Desired	a 🗆	\$8.75 Add	itional	
						5. Certificate of Status Desired Fee			ee Require	d	
	6. Name and	Address of Currer	nt Registered Agent			7. Name and	Address of Nev	w Registered A	gent		
					Name						
MORALES, ROGERIO					Street Address (P.O. Box Number is Not Acceptable)						
4123 S.W. 22 CT					Street Addres	SS (F.O. BOX NUMB	ei is Not Accepta	abie)			
CAPE CORAL, FL 33914								<u></u>			
					<u> </u>						
City								FL	Zip Cod	е	
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											
ha abliga	tions of ropietored	annet	• •	,		, , , , , , , , , , , , , , , , , , ,					
SIGNATI IDE											
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. — - (NOTE: Registered Agent signature required when reinstating) DATE											
		<u> </u>		(NOTE: Negligi	en years advantale led	J		UATE			
9. Election Campaign Financing \$5.00 May Be											
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing 3. After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.											
10		OFFICERS AN	D DIRECTORS	11		ADDITIONS	CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11	
TITLE	PRES		☐ Dete	te TIT	LE				☐ Change	Addition	
NAME	MORALES, ROGERIO				ME						
STREET ADDRESS				ST							
CITY-ST-ZIP	CAPE CORAL, FL 33914				Y-ST-ZIP						
TITLÉ	SECR		☐ Dele	te TIT	LE				Change	☐ Addition	
NAME	MORALES, A	LINA M		NA.	ME						
STREET ADDRESS	4123 S.W. 22	CT		STI	REET ADDRESS						
CITY-ST-ZIP	CAPE CORAL	., FL 33914		CIT	Y-ST-ZIP						
TITLE			☐ Dele	te TIT	LE				☐ Change	☐ Addition	
NAME				NA.	ME						
STREET ADDRESS				STI	REET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
TITLE			☐ Dele	te TIT	LE	· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition	
NAME	1		_ 500		ME				- •.	_	
STREET ADDRESS	1			STI	REET ADDRESS						
CITY-ST-ZIP	1			CIT	Y-ST-ZIP						
TITLE			☐ Dele	te III	ie –				☐ Change	☐ Addition	
NAME	1		LI Dele	IE III					— overific		
	A I										
I STREET ADDRESS											
STREET ADDRESS CITY-ST-ZIP				STI	REET ADORESS Y-ST-ZIP						
			. Dele	STI CA	REET ADORESS Y-ST-ZIP				☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is Troe 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR