

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 008 ***150.00

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|--|---|--|---|---|--------------------------------|
| DOCUMENT # P04000154247 1. Entity Name TITO'S TRUCKING, INC. | | | | | |
| Principal Place of Business 4931 SW 94TH WAY COOPER CITY, FL 33328 | | Mailing Address 4931 SW 94TH WAY COOPER CITY, FL 33328 | | | |
| 2. Principal Place of Business 402 Arlington Ave., <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 402 Arlington Ave <small>Suite, Apt. #, etc.</small> | | | |
| City & State Oldsmar, FL Zip 34677 | | City & State Oldsmar, FL Zip 34677 | | 4. FEI Number 20-1876787 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COLON, HECTOR M 4931 SW 94TH WAY COOPER CITY, FL 33328 | | | | 7. Name and Address of New Registered Agent Name Hector M. Colon Street Address (P.O. Box Number is Not Acceptable) 402 Arlington Avenue City Oldsmar FL Zip Code 34677 | |
| 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 8-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COLON, HECTOR M 4931 SW 94TH WAY COOPER CITY, FL 33328 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. Hector M. Colon 402 Arlington Ave Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 an other like empowered. | | | | | |
| SIGNATURE: | | | 8-11-05 | | 954-319-3183 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |

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08112005 Chg-P CR2E034 (10/03)