2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 19, 2005 8:00 am Secretary of State

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DOCUMENT # P04000156677 1. Entity Name GIL POLANCO TRUCKING CORP.								08-19-200:	_		8.75	
Principal Place	e of Busines	s	Mai	iling Address		•						
14814 TULLAMORE LOOP WINTER GARDEN, FL 34787			14814 TULLAMORE LOOP WINTER GARDEN, FL 34787						5006	2460		
2. Principal Place of Business			3. Mailing Address 241 Hawthohole Choves			oves bly	d					
Suite, Apt. #, etc.			S	Suite, Apt. #, efc 2073	.			07192005	Chg-P	CR2E	034 (10/03)	
City & State			City & State			7_		4. FEI Numbe	0550	598	A	pplied For ot Applicable
Zip		Country	2 Z	17 (17 / 10 / 12 / 12 / 12 / 12 / 12 / 12 / 12	,	Country OSA			of Status Desired		\$8.75 Ad	ditional
	6 Name	and Address of Current	Registr	ered Agent				7 Name and	Address of Nev	Registere	· · · · · · · · · · · · · · · · · · ·	30
	o. Name	and Address of Current	negist	ereu Agent		Name		7. Hame ond	Address of Ivev	regiatere	a Agein	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOC MIAMI, FL												
						City				F	L Zip Cod	de
		y submits this statement for	or the pu	urpose of chan	ging its re	gistered office or	register	ed agent, or bot	h, in the State of	Florida. La	m familiar with	, and accept
the obligat	tions of regis	tered agent.										
SIGNATURE_	0			E	INOTE: D					DATE		
SIGNATURE_	Signature, typed	or printed name of registered agent	t and title if	applicable.	(NOTE: R	egistered Agent signatu	re required	when reinstating)		DATE		
FII	LE NOW!!	or printed name of registered agent I FEE IS \$150.00 otember 7, 2005	t and title if	9. Election		Financing	\$5.	.00 May Be ed to Fees	In accordanc	e with s. 60)7.193(2)(b),	
FII	LE NOW!!	I FEE IS \$150.00		9. Election Trust Fur	Campaign	Financing	\$5.	.00 May Be ed to Fees		e with s. 60 id not rece	07.193(2)(b), ive the prior	notice.
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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 all other like empowered.

CITY-ST-ZIP

SIGNATURE: 5

Gil Polanza

0816-05 917567-8607