

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163899

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: BEN DAVID TRUCKING CORP

## Current Principal Place of Business:

230 NW 5 ST  
CAPE CORAL, FL 33993

## New Principal Place of Business:

## Current Mailing Address:

11201 SW 55 ST  
BOX-256 LOT-D32  
MIRAMAR, FL 33025

## New Mailing Address:

FEI Number: 20-1970882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFONSO, OSVALDO  
230 NW 5TH ST  
CAPE CORAL, FL 33993      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALFONSO, OSVALDO  
Address: 230 NW 5TH ST  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP ( ) Delete  
Name: MARRERO, DARLEN  
Address: 11201 SW 55 ST LOT D32 BOX 256  
City-St-Zip: MIRAMAR, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OSVALDO ALFONSO

P

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date