

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000171210 1. Entity Name GARCIA'S TRANS TRUCKING INC			
Principal Place of Business 5206 30TH STREET SW LEHIGH ACRES, FL 33971 US		Mailing Address 5206 30TH STREET SW LEHIGH ACRES, FL 33971 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent TURCIOS, SUYAPA 5206 30TH STREET SW LEHIGH ACRES, FL 33971		DO NOT WRITE IN THIS SPACE	
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div> 05/18/06-80004-022 8.75 000000559584 </div> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div>Signature, typed or printed name of registered agent and title if applicable.</div> <div>(NOTE: Registered Agent signature required when re-instating)</div> <div>DATE</div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		05/18/06-80004-021 150.00 U00000559584	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, CARLOS A 5206 30TH STREET SW LEHIGH ACRES, FL 33971	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURCIOS, SUYAPA 5206 30TH STREET SW LEHIGH ACRES, FL 33971		
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 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.		SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: 4-27-06 (305) 9703701		Daytime Phone #	