

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000004843

**FILED  
Jan 14, 2008  
Secretary of State**

**Entity Name:** FLASH-HORSE TRUCKING, INC

**Current Principal Place of Business:**

12112 SAINT ANDREWS PL  
308  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 170426  
HIALEAH, FL 33017

**New Mailing Address:**

**FEI Number:** 20-2143372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUICENO, LUIS F  
12112 SAINT ANDREWS PL  
308  
MIRAMAR, FL 33025 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: PT ( ) Delete  
Name: QUICENO, LUIS F  
Address: 12112 SAINT ANDREWS PL  
City-St-Zip: MIRAMAR, FL 33025

Title: V-P ( ) Delete  
Name: HENAO, MARBI E  
Address: 7380 N.W 174 TER APT 204  
City-St-Zip: MIAMI, FL 33015

Title: S (X) Delete  
Name: QUICENO, LUIS F  
Address: P.O BOX 170426  
City-St-Zip: HIALEAH, FL 33017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V-P (X) Change ( ) Addition  
Name: GUTIERREZ, LUIS F  
Address: 19610 CYPRESS COURT  
City-St-Zip: MIAMI, FL 33015

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: LUIS F QUICENO

P-T

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date