

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90215 027 \*\*\*150.00

**DOCUMENT # P05000021488**

1. Entity Name  
DLT INTERNATIONAL TRUCKING, INC.



Principal Place of Business

8912 SHADY TREE CT  
TAMPA, FL 33634

Mailing Address

PO Box 4055  
Mooresville NC  
28117

40067898



2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc

Suite Apt #, etc

03112006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2385997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DE LA TORRE, KIRK  
STREET ADDRESS 8912 SHADY TREE CT  
CITY-STATE-ZIP TAMPA, FL 33634 ☐ Delete

TITLE VD  
NAME DE LA TORRE, SANTOS  
STREET ADDRESS 8912 SHADY TREE CT  
CITY-STATE-ZIP TAMPA, FL 33634 ☐ Delete

TITLE S  
NAME BOLICK, ELIZABETH E  
STREET ADDRESS 8912 SHADY TREE CT  
CITY-STATE-ZIP TAMPA, FL 33634 ☐ Delete

TITLE T  
NAME DE LA TORRE, NAYDA E  
STREET ADDRESS 8912 SHADY TREE CT  
CITY-STATE-ZIP TAMPA, FL 33634 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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:

*Kirk de la Torre*

*Kirk de la Torre*

3/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #