2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State
05-10-2006 90104 019 ***158.75

DOCUMENT # P05000028977

1. Entity Name
M O R TRUCKING CORP.

Principal Place of Business	Mailing Address
10090 NW 80 CT BLDG 7 #1554 HIALEAH GARDENS, FL 33016	10090 NW 80 CT BLDG 7 #1554 HIALEAH GARDENS, FL 33016

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
707 SE 24 Ave #2	707 S.E. 24 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #2
City & State: Cape Coral	City & State: Cape Coral, FL
Zip: FL Country: USA	Zip: 33990 Country: USA

4. FEI Number: 20-2569972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, MIGUEL O
10090 NW 80 CT BLDG 7 #1554
HIALEAH GARDENS, FL 33016

7. Name and Address of New Registered Agent

Name: Ramirez, Miguel O.
Street Address (P.O. Box Number is Not Acceptable): 707 S.E. 24 Ave. #2
City: Cape Coral FL Zip Code: 33990

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] Miguel O. Ramirez 4-28-06
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, MIGUEL O 10090 NW 80 CT BLDG 7 #1554 HIALEAH GARDENS, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ramirez, Miguel O. 707 S.E. 24 Ave. #2 Cape Coral, FL 33990	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: [signature] Miguel O. Ramirez Director 4-28-06 305 219 0837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #