

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90010 018 ***150.00

DOCUMENT # P05000031452

1. Entity Name

JULIO CESAR TRUCKING, I NC



Principal Place of Business

2714 NW 23 AVE
MIAMI FL 33142
US

Mailing Address

2714 NW 23 AVE
MIAMI FL 33142
US



2. Principal Place of Business - No P.O. Box #

6858 SW 42 ST

Suite, Apt. #, etc.

3. Mailing Address

6858 SW 42 ST

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami, FL

Zip

33155

Country

US

City & State

Miami, FL

Zip

33155

Country

US

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JULIO C
2714 NW 23 AVE
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

Gonzalez, Julio C

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

6858 SW 42 ST

City

Miami

FL

Zip Code

33155

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

(Julio C Gonzalez)

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/25/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GONZALEZ, JULIO C
STREET ADDRESS 2714 NW 23 AVE
CITY- ST- ZIP MIAMI FL 33142 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Gonzalez, Julio C
STREET ADDRESS 6858 SW 42 ST
CITY- ST- ZIP Miami FL 33155 ☒ Change ☐ Addition

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

TITLE
NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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 Section 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:

(Julio C Gonzalez)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07

Date

(305) 219-2327

Daytime Phone #