
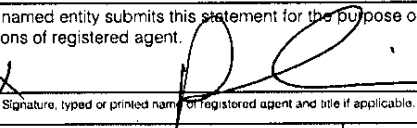



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90241 035 ***150.00

DOCUMENT # P05000035636					
1. Entity Name IPA TRUCKING & EQUIPMENT CORPORATION					
Principal Place of Business 17120 48TH COURT N LOXAHATCHEE, FL 33470 US			Mailing Address 17120 48TH COURT N LOXAHATCHEE, FL 33470 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2505198	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HEFFERNAN, RICHARD L CPA 2911 EAST MAIN STREET PAHOKEE, FL 33476				7. Name and Address of New Registered Agent Name: PABLO F IPARRAGUIRRE Street Address (P.O. Box Number is Not Acceptable): 17120 48TH CT. N. LOXAHATCHEE, FL 33470 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:  PABLO F. IPARRAGUIRRE 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IPARRAGUIRRE, PABLO F		NAME		
STREET ADDRESS	17120 48TH COURT N		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE	VP, T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IPARRAGUIRRE, JORGE L		NAME		
STREET ADDRESS	17120 48TH COURT N		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			PRESIDENT 4/21/06 561-436-1381		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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04212006 Chg-P CR2E034 (11/05)