FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000039132

1. Entity Name

A & Y TRUCKING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
35 NW 26 St	35 NW 26 St
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Cape Coral	City & State: Cape Coral
Zip: 33993 Country: Lee	Zip: 33993 Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2546311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Yoandy Uria

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

35 NW 26 St

City: Cape Coral FL Zip Code: 33993

100000041446
02/10/06-80008-003 150.00

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: _____ DATE: 01/21/06

Signature, types or prints name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Yoandy Uria / President 35 NW 26 St Cape Coral , Florida 33993	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)