

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90008 025 \*\*\*150.00

**DOCUMENT # P05000042677**

1. Entity Name  
**3G & J TRUCKING CORP.**



Principal Place of Business  
**1714 SE TIFFANY CLUB PL  
PORT SAINT LUCIE, FL 34952**

Mailing Address  
**1714 SE TIFFANY CLUB PL  
PORT SAINT LUCIE, FL 34952**

2. Principal Place of Business  
**1112 SW JENNIFER TER.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1112 SW JENNIFER TER**  
Suite, Apt. #, etc.



01312006 Chg-P CR2E034 (11/05)

City & State  
**PORT SAINT LUCIE, FL**  
Zip **34953** Country **USA**

City & State  
**PORT SAINT LUCIE, FL**  
Zip **34953** Country **USA**

4. FEI Number  
**01-0832538**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OJEDA, JENNY  
1714 SE TIFFANY CLUB PL  
PORT SAINT LUCIE, FL 34952**

**7. Name and Address of New Registered Agent**

Name  
**OJEDA, JENNY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1112 SW JENNIFER TER**  
City **PORT SAINT LUCIE** **FL** Zip Code **34953**

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 (NOTE: Registered Agent signature required when releasing) DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **O** ☐ Delete  
NAME **OJEDA, JENNY**  
STREET ADDRESS **1714 SE TIFFANY CLUB PL**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **O** ☐ Delete  
NAME **OJEDA, GALO**  
STREET ADDRESS **1714 SE TIFFANY CLUB PL**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Change ☐ Addition  
NAME **OJEDA, JENNY**  
STREET ADDRESS **1112 SW JENNIFER TER**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE **V** ☐ Change ☐ Addition  
NAME **OJEDA GALO**  
STREET ADDRESS **1112 SW JENNIFER TER**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Jenny Ojeda** **772 812 8806**  
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR Date Daytime Phone #