2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # P05000088976** 04-27-2007 90206 028 ***150.00 1. Entity Name B & L TRUCKING, INC. Principal Place of Business Mailing Address 40086447 1759 BIG OAK LANE 1759 BIG OAK LANE KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01312007 Cha-P City & State City & State Applied For 4 FEI Number 20-3037387 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name F. Mariera Blanca GUERRERO, LUIS F Street Address (P.O. Box Number is Not Acceptable) 1759 BIG OAK LANE Big. 1759 76O KISSIMMEE, FL 34746 Zip Code 34746 City hissimmee 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change Addition GUERRERO, BLANCA L. GUERRERO, LUIS F NAME NAME 1759 BIG OAK LANE STREET ADDRESS 1759 BIG OAK LANE STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-7IP KISSIMMEE, FL 34746 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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.

-cu SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FILED**

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Daytime Phone #