

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90002 032 ***150.00

DOCUMENT # P05000103230

1. Entity Name
ITAI TRUCKING INC



Principal Place of Business
**7002 N GRADY AVE
TAMPA, FL 33614 US**

Mailing Address
**7002 N GRADY AVE
TAMPA, FL 33614 US**

4016130



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

06082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-3210290

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANABRIA, PEDRO O
7002 N GRADY AVE
TAMPA, FL 33614**

Name

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

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

Pedro Sanabria

6-21-07

Signature typed or printed name of registered agent and fee applicable

Signature typed or printed name of registered agent and fee applicable

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PSTD
SANABRIA, PEDRO O
7002 N GRADY AVE
TAMPA, FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO SANABRIA

6-21-07

Date

Daytime Phone #