
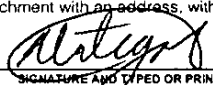


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90030 033 ***150.00

DOCUMENT # P05000105417						
1. Entity Name LIMAR TRUCKING, INC.						
Principal Place of Business 110 W. DELLWOOL DR KISSIMMEE, FL 34758			Mailing Address 110 W. DELLWOOL DR KISSIMMEE, FL 34758			
2. Principal Place of Business 110 W. Dellwood Dr		3. Mailing Address 110 W. Dellwood Dr.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Kissimmee FL		City & State Kissimmee, FL		4. FEI Number 83-0434705		
Zip 34758		Country OSCOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ORTEGA, NORGE R 110 W. DELLWOOL DR. KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
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	NAME ORTEGA, NORGE R		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 110 W. DELLWOOL DR.	CITY-ST-ZIP KISSIMMEE, FL 34744			STREET ADDRESS	CITY-ST-ZIP	
TITLE VP/T	NAME BATISTA, JOEL		<input checked="" type="checkbox"/> Delete	TITLE VP	NAME JOSE NICASIO PROENZA	
STREET ADDRESS 110 W. DELLWOOL DR.	CITY-ST-ZIP KISSIMMEE, FL 34744			STREET ADDRESS 4210 POWSMITHS MEMORIAL DR.	CITY-ST-ZIP ST. CLOUD, FL 34772	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE VP	NAME JULIO LEON	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS 1020 S LAKESHORE WAY APT C	CITY-ST-ZIP LAKE ALFRED 33850	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			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: 			01/05/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			