

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000114044

FILED
Mar 18, 2009
Secretary of State**Entity Name:** GIO'S TRUCKING SERVICES, CORP**Current Principal Place of Business:**7570 NW 14 ST
SUITE 201
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**PO BOX 160418
MIAMI, FL 33116**New Mailing Address:**PO BOX 520613
MIAMI, FL 33152**FEI Number:** 20-3309481**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ESCOBAR, IHOSVANY
5677 SW 142 AVENUE
MIAMI, FL 33183 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: ESCOBAR, IHOSVANY
Address: 5677 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33183**Title:** S () Delete
Name: ESCOBAR, IHOSVANY
Address: 5677 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33183**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: ESCOBAR, ADOLFO
Address: 5677 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33183**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IHOSVANY ESCOBAR

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03/18/2009

Electronic Signature of Signing Officer or Director

Date