


**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90069 007 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000117823</b>			
1. Entity Name <b>M&amp;B NAPOLES TRUCKING SERVICES CORP.</b>			
Principal Place of Business <b>609 IXORIA AVE. #7 FT. PIERCE, FL 34982 US</b>		Mailing Address <b>609 IXORIA AVE.. #7 FT. PIERCE, FL 34982 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		05022007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>57-1223609</b>		Applied For... <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NAPOLES, MANUEL A 609 IXORIA AVE. #7 FT. PIERCE, FL 34982</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Manuel Napoles</i></u> <b>MANUEL NAPOLES</b> <u>5-2-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES NAPOLES, MANUEL A 609 IXORIA AVE. APT 7 FT. PIERCE, FL 34982</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer BARBARA RUIZ 609 IXORIA AVE APT 7 FT PIERCE, FL 34982</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Manuel Napoles</i></u> <b>MANUEL NAPOLES</b>		<u>5-2-07</u> <b>(772) 243-0621</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

40107345

5-2-07

To whom it may concern:

Please I need you to wave the penalty fee. I have been trying to do the annual report thru the computer and it is so congested that it did not let me do it. So I had to download it.

Please can you wave the penalty this will not happen again.

Thank You.

Sincerely

MFB (Manuel Napoles)

MFB Napoles Trucking Services Corp.

P05000117823 document number.

Thank You  
Again.