2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE

ddress, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P05000125694 02-13-2006 90005 033 ***150.00 1. Entity Name DE LA FE TRUCKING, CORP Principal Place of Business Mailing Address 00014445 1300 SW 122 AVE -1300 SW 122 AVE APT # 222 APT # 222 MIAMI, FL_33184 MIAMI FL 33184 2. Principal Place of Business MERST. $II \lambda 3$ Suite, Apt. #, etc. Suite Apt # etc. 02082006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 162 ehia Not Applicable Country Zip Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE LA FE, JOSE L Street Address (P.O. Box Number is Not Acceptable) 1300 SW 122 AVE APT # 222 MIAMI, FL 33184 Heres 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Delete TITLE Change Addition TITLE DE LA FE. JOSE L NAME NAME 1300 SW 122 AVE STREET ADDRESS STREET ADDRESS 33971 CITY-ST-7/2 CITY-ST-ZIP MIAMI, FL 33184 Change Addition ☐ Delete TITLE TITLE MOLINA, YANEXY NAME NAME 1300 SW 122 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33184 TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete -☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE 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 supplied entail 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 regeiver or sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Feb 13, 2006 8:00 am

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Daytime Phone #