


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90039 018 \*\*\*150.00

**DOCUMENT # P05000132988**

1. Entity Name  
**BLUE LINE TRUCKS CORPORATION**



Principal Place of Business  
**14966 SW 8 LN  
MIAMI, FL 33194**

Mailing Address  
**14966 SW 8 LN  
MIAMI, FL 33194**

2. Principal Place of Business  
**14976 SW 8 LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**14976 SW 8 LN**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33194**

Country

Zip  
**33194**

Country



01242006 Chg-P CR2E034 (11/05)

4. FEJ Number  
**20-3599041**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RESTREPO, FELIX  
14966 SW 8 LN  
MIAMI, FL 33194**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Numbers Not Acceptable)  
**14976 SW 8 LN**  
City  
**MIAMI** FL Zip Code  
**33194**

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]* **FELIX RESTREPO** **01/24/06**  
Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>RESTREPO, FELIX</b>	TITLE <b>14976 SW 8 LN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>14966 SW 8 LN</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33194</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>HURTADO, SANDRA P</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>14976 SW 8 LN</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33194</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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]* **FELIX RESTREPO - PRES** **01/24/06** **(305) 215-3050**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #