


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000132988			
1. Entity Name BLUE LINE TRUCKS CORPORATION			
Principal Place of Business 14976 SW 8 LN MIAMI, FL 33194		Mailing Address 14976 SW 8 LN MIAMI, FL 33194	
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
6. Name and Address of Current Registered Agent RESTREPO, FELIX 14976 SW 8 LN MIAMI, FL 33194		7. Name and Address of New Registered Agent Name: <u>MONDETA, ANA</u> Street Address (P.O. Box Number is Not Acceptable): <u>14976 SW 8 LN</u> City: <u>MIAMI</u> FL Zip Code: <u>33194</u>	
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>[Signature]</u> ANA MONDETA 08/30/07 <small>SIGNATURE TYPE: Type of person or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTREPO, FELIX	NAME	50010920589
STREET ADDRESS	14976 SW 8 LN.	STREET ADDRESS	08/07/07--01033--005 **150.00
CITY-ST-ZIP	MIAMI, FL 33194	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURTADO, SANDRA P	NAME	
STREET ADDRESS	14976 SW 8 LN	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33194	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P/S/T MONDETA, ANA
STREET ADDRESS		STREET ADDRESS	14976 SW 8 LN
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33194
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: <u>[Signature]</u>		ANA MONDETA-PRES 08/30/07 (305) 219-6334	
<small>PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	