
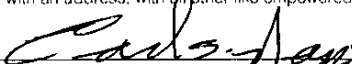


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90039 031 ***150.00

DOCUMENT # P05000141641					
1. Entity Name ROCA TRUCKING, INC.					
Principal Place of Business 1406 POINSETTIA AVE LEHIGH ACRES, FL 33936			Mailing Address 1406 POINSETTIA AVE LEHIGH ACRES, FL 33936		
2. Principal Place of Business - No P.O. Box # 1406 POINSETTIA AVE		3. Mailing Address 1406 POINSETTIA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LEHIGH ACRES		City & State LEHIGH ACRES		4. FEI Number 20-3654811	
Zip 33972-8415		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, CARLOS 1406 POINSETTIA AVE LEHIGH ACRES, FL 33936		7. Name and Address of New Registered Agent Name RAMOS, CARLOS Street Address (P.O. Box Number is Not Acceptable) 1406 POINSETTIA AVE City LEHIGH ACRES FL Zip Code 33972			
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RAMOS, CARLOS 1406 POINSETTIA AVE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RAMOS, ROSA 1406 POINSETTIA AVE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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 another like empowered.					
SIGNATURE: X  CARLOS RAMOS, PRES. 1/30/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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