


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90171 010 \*\*\*150.00

**DOCUMENT # P05000158299**

1. Entity Name  
**VICA TRUCKING INC**



Principal Place of Business  
**2914 NW 8TH PLACE**  
**CAPE CORAL, FL 33993**

Mailing Address  
**2914 NW 8TH PLACE**  
**CAPE CORAL, FL 33993**

2. Principal Place of Business - No P.O. Box #  
**2005 SW 3rd Terr**


3. Mailing Address  
**2005 SW 3rd Terr**

Suite, Apt. #, etc.

City & State  
**CAPE CORAL FL**

City & State  
**CAPE CORAL FL**

Zip Country  
**33991**



03162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3878321**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AVENDANO, HERNAN G**  
**2914 NW 8TH PLACE**  
**CAPE CORAL, FL 33993**

7. Name and Address of New Registered Agent

Name  
**AVENDANO HERNAN G**

Street Address (P.O. Box Number is Not Acceptable)  
**2914 NW 8TH PLACE**

City  
**CAPE CORAL FL**

Zip Code  
**33991**

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]*

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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AVENDANO, HERNAN G</b> <b>2914 NW 8TH PLACE</b> <b>CAPE CORAL, FL 33993</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>P</b> <b>AVENDANO HERNAN</b> <b>2005 SW 3rd Terrace</b> <b>CAPE CORAL FL 33991</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AVENDANO, VICTORIA E</b> <b>2914 NW 8TH PLACE</b> <b>CAPE CORAL, FL 33993</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>S</b> <b>AVENDANO VICTORIA E</b> <b>2005 SW 3rd Terrace</b> <b>CAPE CORAL FL 33991</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<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

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 empowerments.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #