## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000161484

Title:

Name:

Address:

City-St-Zip:

SECR

220 SW 14TH AVE

() Delete

LORENZO CASERES, GREGORIA

CAPE CORAL, FL 33909 US

Entity Name: ROB & CARL TRUCKING, INC

**FILED** Feb 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 917 JACARANDA PKWY CAPE CORAL, FL 33909 US **Current Mailing Address: New Mailing Address:** 917 JACARANDA PKWY CAPE CORAL, FL 33909 US FEI Number: 20-3923579 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORALES, ALEJANDRO A 917 JACARANDA PKWY US CAPE CORAL, FL 33909 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MARTIN SOSA, EUGENIO A MORALES, ALEJANDRO A Name: Name: 220 SW 14TH AVE 917 JACARANDA PKWY Address: Address: City-St-Zip: CAPE CORAL, FL 33909 US City-St-Zip: CAPE CORAL, FL 33909 US VΡ Title: VΡ (X) Change ( ) Addition Title: () Delete Name: MORALES, ALEJANDRO A Name: ROMERO, MARIA T 917 JACARANDA PKWY 917 JACARANDA PKWY Address: Address: CAPE CORAL, FL 33909 US CAPE CORAL, FL 33909 US City-St-Zip: City-St-Zip: Title: Title: TRES () Delete () Change () Addition PEREZ, GISELLE Name: Name: 917 JACARANDA PKWY Address: Address: CAPE CORAL, FL 33909 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SECR

PEREZ, JULIETTE

917 JACARANDA PKWY

CAPE CORAL, FL 33909 US

(X) Change ( ) Addition

Ρ SIGNATURE: ALEJANDRO MORALES 02/06/2006