2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2007 8:00 am DOCUMENT # P05000162015 **Secretary of State** 1. Entity Namo 03-29-2007 90033 026 ***158.75 WESTAR TRUCKING & EQUIPMENT, INC. Principal Place of Business Mailing Address 2458 SW 16TH STREET MIAMI FL 33145 2458 SW 16TH STREET MIAMI FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3091 NW FLAGER TER 30 91 NW FLAGLER TER Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-3934512 FL. MIAMI MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33125 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LORTA RAUL HORTA, RAUL 2458 SW 16TH STREET **MIAMI FL 33145** 1117 1111 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, typed or printed name of registered agent and title r applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD **1** Delete TITLE Addition TITLE PD Change HORTA, RAUL NAME HORTA RAUL NAME **2458 SW 16TH STREET** 3091 NW FLAGLER TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** MIAMI FL. 33/25 CITY-ST-ZIP CITY-ST-7IP VD THILE Addition LUCIANO R. Horta. HORTA, LUCIANO R NAME 3091 HW FLAGER TERRACE **2458 SW 16TH STREET** STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY - ST - ZIP CITY-ST-7IP MIAMI FL. 33125 TITLE Delete TITLE Change ☐ Addition DE NIVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED