


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90103 035 \*\*\*158.75

**DOCUMENT # P05000162233**

1. Entity Name  
**JAVIER TRUCKING CORP.**



Principal Place of Business      Mailing Address

2900 EVANS DR      2900 EVANS DR  
 KISSIMMEE, FL 34758      KISSIMMEE, FL 34758

**DO NOT WRITE IN THIS SPACE**

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02272007      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>20-3954643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, JAVIER**  
 2900 EVANS DR  
 KISSIMMEE, FL 34758

**DO NOT WRITE IN THIS SPACE**

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARCIA, JAVIER</b> 2900 EVANS DR KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PALLAVICCINE, CARMEN M</b> 2900 EVANS DR KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Javier Garcia*      3/1/07      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR