

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 022 ***150.00

DOCUMENT # P05000163512

1. Entity Name

KEVIN DALLO TRUCKING INC.,



Principal Place of Business

3121 FESTIVAL DRIVE
MARGATE FL 33063

Mailing Address

3121 FESTIVAL DRIVE
MARGATE FL 33063

2. Principal Place of Business - No P.O. Box #

3121 FESTIVAL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3121 FESTIVAL DRIVE

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

USA

Zip

33063

Country

USA

4. FEI Number

20-3941616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

MUDRY, ROSEMARY
9042 TRADD STREET
BOCA RATON FL 33443

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DALLOO, KEVIN
STREET ADDRESS 3121 FESTIVAL DR
CITY-ST-ZIP MARGATE FL 33063

TITLE VP ☐ Delete
NAME DALLOO, MILTON
STREET ADDRESS 3121 FESTIVAL DR
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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.

SIGNATURE:

Kevin Dallo KEVIN Dallo

3/25/08

Date

954-588-3374

Daytime Phone #