

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163982

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: MAC TRUCKING OF SOUTHWEST FLORIDA, INC.

## Current Principal Place of Business:

5270 20TH PLACE, SW  
NAPLES, FL 34116

## New Principal Place of Business:

## Current Mailing Address:

5270 20TH PLACE, SW  
NAPLES, FL 34116

## New Mailing Address:

FEI Number: 20-4123106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUBAS, MAYENSY  
5270 20TH PLACE, SW  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: CUBAS, MAYENSY  
Address: 5270 20TH PLACE SW  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: CUBAS, ALEJANDRO J  
Address: 5270 20TH PLACE SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: CUBAS, ALEJANDRO J  
Address: 5270 20TH PLACE SW  
City-St-Zip: NAPLES, FL 34116

Title: S ( ) Change (X) Addition  
Name: LOPEZ MORELL, EXNAIDER  
Address: 5270 20TH PLACE SW  
City-St-Zip: NAPLES, FL 34116

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.

SIGNATURE: MAYENSY CUBAS

P

03/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date