
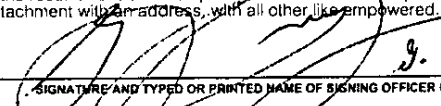


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90045 001 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P06000004288 1. Entity Name VIRGINIE TRUCKING, INC. | | | |  | |
| Principal Place of Business 16922 SW 138TH COURT MIAMI, FL 33177 | | | Mailing Address 16922 SW 138TH COURT MIAMI, FL 33177 | | |
| 2. Principal Place of Business - No P.O. Box # 2831 SE 15 AVENUE | | 3. Mailing Address 2831 SE 15 AVENUE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State HOMESTEAD, FL | | City & State HOMESTEAD, FL | | 4. FEI Number 20-4098964 | |
| Zip 33035-2344 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VIRGINIE, JAVIER A 16922 SW 138TH COURT MIAMI, FL 33177 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2831 SE 15 AVENUE City HOMESTEAD FL Zip Code 33035-2344 | | |
| 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, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VIRGINIE, JAVIER A <input type="checkbox"/> Delete 16922 SW 138TH COURT MIAMI, FL 33177 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 SE 15 AVENUE HOMESTEAD, FL 33035-2344 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  J. VIRGINIE 2/18/08. | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |