

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000007999

1. Entity Name
TRUCK WORLD TRANSPORT CORP



Principal Place of Business
6465 W 25 LN
HIALEAH, FL 33016 US

Mailing Address
6465 W 25 LN
HIALEAH, FL 33016 US

2. Principal Place of Business - No P.O. Box #
9695 NW 79 AVENUE

3. Mailing Address
9695 NW 79 AVENUE

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.
#6

06212007 Chg-P CR2E034 (12/06)

City & State
HIALEAH GARDENS, FL

City & State
HIALEAH GARDENS, FL

4. FEI Number
20-4146765

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33016

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENA, JORGE
6465 W 25 LN
HIALEAH, FL 33016

Name
ELIO A. ORTIZ

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

6785 NW 169 ST APT# F

City
MIAMI

FL

Zip Code
33015

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P MENA, JORGE ☒ Delete
STREET ADDRESS
6465 W 25 LN
CITY-ST-ZIP
HIALEAH, FL 33016

TITLE
NAME
PST ORTIZ ELIO A ☒ Change ☐ Addition
STREET ADDRESS
6785 NW 169 ST APT# F
CITY-ST-ZIP
MIAMI FL 33015

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
000105626430
CITY-ST-ZIP
07/06/07--01030--002 **61.25

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/26/07

Date

(786) 512-0216

Daytime Phone #

FILED
07 JUL -2 AM 8:29
STATE
HIALEAH, FLORIDA

