

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000017541

1. Entity Name
CAIMITO BOBCAT - TRUCKING SERVICES, INC.



Principal Place of Business
1625 S.W. 97 AVE
MIAMI, FL 33165

Mailing Address
1625 S.W. 97 AVE
MIAMI, FL 33165

FILED
Mar 19, 2008 08:00 AM
Secretary of State



03152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-4368046 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HERNANDEZ, FRANK M
1625 S.W. 97 AVE
MIAMI, FL 33165

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | DP |
| NAME | HERNANDEZ, FRANK M |
| STREET ADDRESS | 1625 S.W. 97 AVE |
| CITY-ST-ZIP | MIAMI, FL 33165 |

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04/03/08-80091-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #