03/02/2007 05:06 100 BLANCO ACCOU

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90082 039 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000021334

1. Entity Name
DURANZAS TRUCKING INC.

Principal Place of Business	Mailing Address
3104 W ISLAND DR MIRAMAR, FL 33023	3104 W ISLAND DR MIRAMAR, FL 33023

03042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8162 silver birch Way	8162 Silver Birch WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres Fl	City & State: Lehigh Acres Fl
Zip: 33971 Country: U.S.A	Zip: 33971 Country: U.S.A

4. FEI Number: 20-4316069 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DURANZA, JAVIER
~~3104 W ISLAND DR~~
~~MIRAMAR, FL 33023~~
8162 silver birch way
lehigh acres. Fl. 33971

7. Name and Address of New Registered Agent
Name: DURANZA, Javier
Street Address (P.O. Box Number is Not Acceptable): 8162 silver birch WAY
City: lehigh Acres FL Zip Code: 33971

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] 03-05-07
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, 2007 Fee will be $550.00

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 STREET ADDRESS CITY-ST-ZIP	P DURANZA, JAVIER 8162 silver birch way ~~3104 W ISLAND DR~~ ~~MIRAMAR, FL 33023~~ lehigh acres Fl 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCO, TANIA 8162 silver Birch Way ~~3104 W ISLAND DR~~ ~~MIRAMAR, FL 33023~~ lehigh acres Fl. 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 03-05-07 (305)606-8931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #