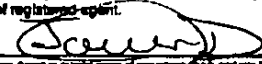
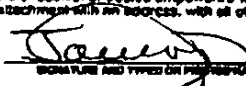


FILED
Mar 19, 2007 8:00 am
Secretary of State

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 3104 W ISLAND DR MIRAMAR, FL 33023		Mailing Address 3104 W ISLAND DR MIRAMAR, FL 33023	
2. Principal Place of Business - No P.O. Box # 8162 silver birch way		3. Mailing Address 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		7. Name and Address of New Registered Agent DURANZA, Javier 8162 silver birch way Lehigh Acres FL 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:  DATE: 03-05-07 Signature, typed or in bold name of registered agent and zip 3 consecutive. (NOTE: Registered Agent signature required when 1 is entered)			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$8.00 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 3104 W ISLAND DR MIRAMAR, FL 33023 8162 silver birch way Lehigh Acres FL 33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FRANCO, TANIA 3104 W ISLAND DR MIRAMAR, FL 33023 8162 silver Birch Way Lehigh Acres, FL 33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 the empowered.			
SIGNATURE: 		DATE: 03-05-07 (305) 606-8931	
SIGNATURE AND TYPED OR IN BOLD NAME OF AGENT OR DIRECTOR		Date	