2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021839

Title:

Name:

Address:

Entity Name: FAMILY TRUCKS CORPORATION

FILED Mar 06, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5601 N 50TH ST TAMPA, FL 33610						
Current Mailing Address:			New Maili	New Mailing Address:		
5601 N 50TH ST TAMPA, FL 33610				4888 E 8 LN HIALEAH, FL 33013		
FEI Number:	65-1269690	FEI Number Applied For () FEI N	umber Not Appl	icable () Certifi	cate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
MARQUEZ, BENIGNO 2627 WEST 77TH PLACE HIALEAH, FL 33016 US			4888 E 8 L	MARQUEZ, BENIGNO 4888 E 8 LN HIALEAH, FL 33013 US		
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.						
SIGNATURE:				03/06/2009		
	Electroni	c Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MARQUEZ, BEN 2627 WEST 771 HIALEAH, FL 33	H PLACE	Title: Name: Address: City-St-Zip:	D (X) Change MARQUEZ, BENIGNO 4888 E 8 LN HIALEAH, FL 33013	e()Addition	
Title: Name: Address: City-St-Zip:	D () MARQUEZ, MAR 2627 WEST 771 HIALEAH, FL 33	H PLACE	Title: Name: Address: City-St-Zip:	D (X) Change MARQUEZ, MARITZA 4888 E 8 LN HIALEAH, FL 33013	e () Addition	
Title: Name: Address: City-St-Zip:	P () MARQUEZ, BRA 2627 WEST 771 HIALEAH, FL 33	H PLACE	Title: Name: Address: City-St-Zip:	P (X) Change MARQUEZ, BRISMEL 4888 E 8 LN HIALEAH, FL 33013	e()Addition	
Title: Name: Address: City-St-Zip:	S (X) ACOSTA, ZENIA 2627 WEST 771 HIALEAH, FL 33	H PLACE	Title: Name: Address: City-St-Zip:	()Change	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRISMEL MARQUEZ PD 03/06/2009

(X) Delete

ACOSTA, FELIX

City-St-Zip: HIALEAH, FL 33016

2627 WEST 77TH PLACE

() Change () Addition