

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-22-2007 90006 036 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000035536

1. Entry Name
ROSADO TRUCKING, INC.



66005557

Principal Place of Business
**4413 WEST HIAWATHA STREET
TAMPA, FL 33614**

Mailing Address
**4413 WEST HIAWATHA STREET
TAMPA, FL 33614**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

☒ Not Applicable
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSADO, JULIO J
4413 WEST HIAWATHA STREET
TAMPA, FL 33614**

**3923 W. NORFOLK ST.
TAMPA FL 33614-3943**

Name

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

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

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
**PTD
ROSADO, JULIO J
4413 WEST HIAWATHA STREET
TAMPA, FL 33614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**3923 W. NORFOLK ST.
TAMPA, FL 33614-3943**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SV
ROSADO, JULIO J
4413 WEST HIAWATHA STREET
TAMPA, FL 33614**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
**3923 W. NORFOLK ST.
TAMPA, FL 33614-3943**

☐ Change ☐ Addition

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☐ 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 an other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 (813) 817-6378

Date

Daytime Phone #