

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 14, 2007  
Secretary of State**

DOCUMENT# P06000037113

Entity Name: OLEON & SONS TRUCKING, INC

**Current Principal Place of Business:**

5934 NW KETONA CIR  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

5934 NW KETONA CIR  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 20-4492086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEON, OSCAR  
5934 NW KETONA CIR  
PORT SAINT LUCIE, FL 34986      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P                    ( ) Delete  
Name: LEON, OSCAR S  
Address: 5934 NW KETONA CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP                    ( ) Delete  
Name: LEON, NORA  
Address: 5934 NW KETONA CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:                        ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                        ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                        ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP                    ( ) Change (X) Addition  
Name: DE ARMAS, RICARDO  
Address: 5934 NW KETONA CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NORA LEON

VP

02/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date