

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90860 042 ***150.00

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04262007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000039414

1. Entity Name
HABANA TRUCKING SERVICE CORPORATION



Principal Place of Business
4390 WEST 12 LANE
APT 14 B
HIALEAH, FL 33012 US

Mailing Address
4390 WEST 12 LANE
APT 14 B
HIALEAH, FL 33012 US

2. Principal Place of Business - No P.O. Box #
224 SW Hide Pl.

3. Mailing Address
224 SW Hide Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port St Lucie, FL

City & State
Port St Lucie, FL

4. FEI Number
20-4515880

Applied For
Not Applicable

Zip
34953

Country
St Lucie

Zip
34953

Country
St Lucie

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

6. Name and Address of Current Registered Agent

MARTINEZ, YOURE
4390 W 12 LANE
APT 14 B
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name

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

224 SW Hide Pl.

City

Port St Lucie

FL

Zip Code
34953

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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARTINEZ, YOURE
4390 W 12 LANE APT 14B
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTINEZ, SANTIAGO
4390 W 12 LANE APT 14 B
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Martinez, Youre
224 SW Hide Pl
Port St Lucie FL 34953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Martinez, Santiago
224 SW Hide Pl.
Port St Lucie FL 34953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YOURE MARTINEZ

Date

Daytime Phone #

4-27-07 (786) 586-4842