


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90112 006 \*\*\*150.00

<b>DOCUMENT # P06000047543</b>	
1. Entity Name: CAMILA TRUCKING CO.	

Principal Place of Business 651 LAKE TIVOLI BLVD APT. H KISSIMMEE, FL 34741	Mailing Address 651 LAKE TIVOLI BLVD APT. H KISSIMMEE, FL 34741
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2. Principal Place of Business - No P.O. Box # <b>814 Fruitwoods Dr.</b>	3. Mailing Address <b>P.O. Box 450293</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Kissimmee, Florida</b>	City & State <b>Kissimmee, Florida</b>
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Zip <b>34743</b>	Country	Zip <b>34745</b>	Country
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6. Name and Address of Current Registered Agent
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PENA, TEUDIS R 651 LAKE TIVOLI BLVD APT. H KISSIMMEE, FL 34741	
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7. Name and Address of New Registered Agent
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Name <b>Pena, Teudis R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>814 Fruitwoods Dr.</b> City <b>Kissimmee</b> FL Zip Code <b>34743</b>
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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.
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SIGNATURE <b>Teudis R. Pena</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <b>4-23-07</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PENA, TEUDIS R 814 Fruitwoods Dr. Kiss, FL. 34743</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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.
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SIGNATURE: <b>Teudis R. Pena</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4-23-07</b> Date	DAYTIME PHONE <b>407-334-4104</b> Daytime Phone #
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