



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 012 ***150.00

DOCUMENT # P06000062879 1. Entity Name A&R TRUCK EXPRESS INC					
Principal Place of Business 3780 UNIVERSITY CLUB BLVD APT # 2508 JACKSONVILLE FL 32277			Mailing Address 3780 UNIVERSITY CLUB BLVD APT # 2508 JACKSONVILLE FL 32277		
2. Principal Place of Business - No P.O. Box # 3500 University Blvd N # 2635 Suite, Apt. #, etc.		3. Mailing Address 3500 University Blvd N # 2635 Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 20-4833732 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 32277 Country Swal		Zip 32277 Country Swal		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, MAGALIS 3780 UNIVERSITY CLUB BLVD APT # 2508 JACKSONVILLE FL 32277				7. Name and Address of New Registered Agent Name Magalis Rodriguez / Julio Arroyo 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MAGALIS 3780 UNIVERSITY CLUB BLVD, APT#2508 JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Rodriguez Magalis 3500 University Blvd N #2635 Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARROYO, JULIO SR 3780 UNIVERSITY CLUB BLVD APT # 2508 JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arroyo Julio 3500 University Blvd N #2635 Jacksonville FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: _____ 7/30/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					