
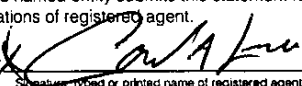
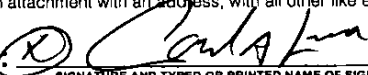


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 024 ***158.75

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| DOCUMENT # P06000071759 1. Entity Name C.A.I. TRUCKING, CORP | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 13337 NW 3 LANE MIAMI, FL 33183 US | | Mailing Address 13337 NW 3 LANE MIAMI, FL 33183 US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box 5434 West 20th Ave Suite, Apt. #, etc. | | 3. Mailing Address 5434 West 20th Ave Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Hialeah FL Zip 33016 Country USA | | City & State Hialeah FL Zip 33016 Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-4958508 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent IMA, CARLOS A 13337 NW 3 LANE MIAMI, FL 33183 | | 7. Name and Address of New Registered Agent Name IMA, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 5434 West 20th Ave City Hialeah FL Zip Code 33016 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  DATE 4-11-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>IMA, CARLOS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13337 NW 3 LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33183</td> <td></td> </tr> </table> | | TITLE | P | <input type="checkbox"/> Delete | NAME | IMA, CARLOS A | | STREET ADDRESS | 13337 NW 3 LANE | | CITY-ST-ZIP | MIAMI, FL 33183 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Pres</td> <td style="width:10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>IMA, CARLOS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5434 West 20th Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hialeah, FL 33016</td> <td></td> </tr> </table> | | TITLE | Pres | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | IMA, CARLOS A | | STREET ADDRESS | 5434 West 20th Ave | | CITY-ST-ZIP | Hialeah, FL 33016 | |
| TITLE | P | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY-ST-ZIP | MIAMI, FL 33183 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE  | | Pres 4-11-07 786-599-4936 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |