

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90082 026 \*\*\*150.00

**DOCUMENT # P06000087480**

1. Entity Name  
**MI CAMIONCITO SERVICES, CORP.**



Principal Place of Business  
**15662 SW 91 LANE  
MIAMI, FL 33196**

Mailing Address  
**15662 SW 91 LANE  
MIAMI, FL 33196**

40112300



04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-513 4595**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, JEAN P  
15662 SW 91 LANE  
MIAMI, FL 33196**

Name

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

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

NOTES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JEAN P		NAME		
STREET ADDRESS	15662 SW 91 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRALDO, OMAR A		NAME		
STREET ADDRESS	15662 SW 91 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		

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

SIGNATURE

*Jean P Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILED