## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 04, 2007 8:00 am Secretary of State DOCUMENT # P06000092564 05-04-2007 90071 001 \*\*\*150.00 1. Entity Name MONTERO TRUCK SERVICES INC. Principal Place of Business Mailing Address 9490 SOUTHWEST 100TH STREET 3648 NORTHEAST 167TH STREET MEDLEY FL 33018 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/06) 1st MOORE City & State City & State X Applied For 4. FEI Number Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIRA MONTERO SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 3648 NE 167 TH ST **MIAMI FL 33145** 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD 11113 Detete met ☐ Change Addition MONTERO, DANIEL NAM NAME 9490 SOUTHWEST 100TH STREET STREET LADDRESS STREET ADDRESS MEDLEY FL 33018 CHY SI-ZIP CHY-SI-ZIP Delete 21111 HUE ☐ Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY ST ZIP Addition . DHE -Chance NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-7IP Delete 11111 Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP HHE ☐ Delete HILL ☐ Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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

FILED