
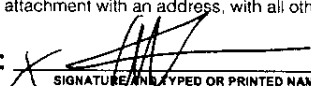


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90040 012 ***150.00

DOCUMENT # P06000098387 1. Entity Name LIBRA STAR TRUCKING, INC.					
Principal Place of Business 2121 NW 8TH PLACE CAPE CORAL, FL 33993 US			Mailing Address 2121 NW 8TH PLACE CAPE CORAL, FL 33993 US		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOPEZ, YANIN C 2121 NW 8TH PLACE CAPE CORAL, FL 33993				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete LOPEZ, YANIN C 2121 NW 8TH PLACE CAPE CORAL, FL 33993		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete RIVAS, ALEJANDRO 2121 NW 8TH PLACE CORAL CORAL, FL 33993		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	O <input checked="" type="checkbox"/> Delete YOANIS, CRIADO 824 SE 5TH AVE CAPE CORAL, FL 33990		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete DIAZ, MICKEY A 432 SE 13TH TERRACE CAPE CORAL, FL 33990		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		
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		
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: 			VP 4/108 239-573-1343		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		