


FILED
May 25, 2007 8:00 am
Secretary of State

4/1

04-19-2007 90182 027 ***159.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000112483			
1. Entity Name AGUSTIN MOVING CORP			
Principal Place of Business 4226 NW 3 ST MIAMI, FL 33126 US		Mailing Address 4226 NW 3 ST MIAMI, FL 33126 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 UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES ALBA, AGUSTIN 4226 NW 3 ST MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Agustin Alba</i>		4/14/07 8AM-8PM	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66016720



04142007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5466327** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Number of thi

(786) 2366286

(786) 2365887



HOLTSVILLE NY 11742-9003

16016720

#P060001248 Date of
Employer

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

obtained

ATTACHMENT # 66016720
P06 00012783Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **20-5466322**

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested AGUSTIN MOVING CORP																	
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name															
4a Mailing address (room, apt., suite no. and street, or P.O. box) 4226 NW 3 Street		5a Street address (if different) (Do not enter a P.O. box.)															
4b City, state, and ZIP code Miami, FL 33126		5b City, state, and ZIP code															
6 County and state where principal business is located Dade, FL																	
7a Name of principal officer, general partner, grantor, owner, or trustor Agustin Alba		7b SSN, ITIN, or EIN 595-49-3604															
8a Type of entity (check only one box) <table border="0"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN) _____</td> <td><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN) _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S</td> <td><input type="checkbox"/> Trust (SSN of grantor) _____</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td> <td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶ _____</td> <td>Group Exemption Number (GEN) ▶ _____</td> </tr> </table>			<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____	<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S	<input type="checkbox"/> Trust (SSN of grantor) _____	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country															
9 Reason for applying (check only one box) <table border="0"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) ▶ Transportation and Warehousing</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶ _____</td> <td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ Transportation and Warehousing	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
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	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____																
10 Date business started or acquired (month, day, year) 8-29-06		11 Closing month of accounting year December 31															
12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ N/A																	
13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</i> ▶		<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	Agricultural	Household	Other	0	0	0									
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14 Check one box that best describes the principal activity of your business. <table border="0"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input checked="" type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="3"></td> <td><input type="checkbox"/> Other (specify) _____</td> <td><input type="checkbox"/> Retail</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input checked="" type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other				<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Retail
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			<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Retail													
15. Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Moving services residential and commercial																	
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 16b and 16c.</i>																	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____																	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____																	

**Third
Party
Designee**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name
Jacob VargheseDesignee's telephone number (include area code)
(323) 962-8600 x529

Address and ZIP code

7083 Hollywood Blvd., Ste. 180, Los Angeles, CA 90028

Designee's fax number (include area code)
(323) 790-1991

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Agustin Alba, President

Applicant's telephone number (include area code)
(786) 236-6286

Signature ▶

Agustin Alba

Date ▶

9/8/06

Applicant's fax number (include area code)
(305) 684-2577