


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90033 019 ***150.00

DOCUMENT # P06000112917	
1. Entity Name GODINEZ JR TRUCKIN CORP	

Principal Place of Business 3406 5 ST SW LEHIGH ACRES, FL 33971	Mailing Address 3406 5 ST SW LEHIGH ACRES, FL 33971
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2. Principal Place of Business - No P.O. Box # 8743 NW 106 LINE	3. Mailing Address 8743 NW 106 LINE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HAIALEAH GARDEN	City & State HAIALEAH GARDEN
Zip 33018	Zip 33018
Country FL	Country FL

40035630



02242007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5473680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GODINEZ, GUSTAVO 3406 5 ST SW LEHIGH ACRES, FL 33971	
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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 reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GODINEZ, GUSTAVO		NAME GODINEZ GUSTAVO	
STREET ADDRESS 3406 5 ST SW		STREET ADDRESS 8743 NW 106 LINE	
CITY-ST-ZIP LEHIGH ACRES, FL 33971		CITY-ST-ZIP HAIALEAH GARDEN, FL 33018	
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	
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 address, with all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/24/07	Daytime Phone # 305 224 3955
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