

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 020 ***150.00

DOCUMENT # P06000120110	
1. Entity Name GD TRUCK LINE, INC.	



Principal Place of Business 1790 W. 49 ST. SUITE 305-11 HIALEAH, FL 33012	Mailing Address 1790 W. 49 ST. SUITE 305-11 HIALEAH, FL 33012
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40003701



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

04072008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5566086	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ESPINOSA, ANGEL R 135 W 60 ST HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: <u>Angel R Espinosa</u> Street Address (P.O. Box Number is Not Acceptable): <u>11021 West Okalochee RD Unit 101</u> City: <u>Hialeah Gardens</u> FL Zip Code: <u>33018</u>	
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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 <u>[Signature]</u>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PT PEREZ, OSVALDO ☒ Delete 1790 W. 49 ST. SUITE 305-11 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ESPINOSA, ANGEL R ☐ Delete 1790 W. 49 ST. SUITE 305-11 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 any other like empowered.	
SIGNATURE: <u>[Signature]</u>	DATE: <u>4/7/08</u> 786-290-8118