

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129224

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: JAIME POLANIA TRUCKING LINES INC

## Current Principal Place of Business:

12724 BLACK ANGUS DRIVE  
JACKSONVILLE, FL 32226

## New Principal Place of Business:

12261 HEARTLEAF CT  
JACKSONVILLE, FL 32225

## Current Mailing Address:

12724 BLACK ANGUS DRIVE  
JACKSONVILLE, FL 32226

## New Mailing Address:

12261 HEARTLEAF CT  
JACKSONVILLE, FL 32225

FEI Number: 20-5711421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLANIA, JAIME  
12261 HEARTLEAF CT.  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POLANIA, JAIME H  
Address: 12724 BLACK ANGUS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POLANIA, JAIME H  
Address: 12261 HEARTLEAF CT  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME POLANIA

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date