2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-30-2007 90126 010 ***158.75

DOCUMENT # P06000135815

1. Entity Name
HIGH QUALITY TRUCKING, INC.

Principal Place of Business	Mailing Address
8769 N.W. 146 LANE MIAMI LAKES FL 33018	8769 N.W. 146 LANE MIAMI LAKES FL 33018

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8430 N.W 93 ST.	8430 N.W. 93 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley, Fl	City & State: Medley, Fl.
Zip: 33166 Country: Dade	Zip: 33166 Country: Dade

4. FEI Number 20-5777178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, JEANILIER
8769 N.W. 146 LANE
MIAMI LAKES FL 33018

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	LORENZO, JEANILIER		NAME		
STREET ADDRESS	8769 N.W. 146 LANE		STREET ADDRESS	8430 N.W. 93 ST	
CITY-ST-ZIP	MIAMI LAKES FL 33018		CITY-ST-ZIP	Medley Fl. 33166	
TITLE	V	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	CARMONA, GONZALO L		NAME		
STREET ADDRESS	15952 N.W. 79TH COURT		STREET ADDRESS	8430 N.W 93 ST	
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP	Medley Fl 33166	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 Section 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: Gonzalo L. Carmona V President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #