


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90043 033 ***150.00

DOCUMENT # P06000135932	
1. Entity Name DOMINGUEZ TRUCK, INC.	

Principal Place of Business 1765 NW 107TH STREET MIAMI, FL 33167	Mailing Address 1765 NW 107TH STREET MIAMI, FL 33167
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2. Principal Place of Business - No P.O. Box # 1223 NW 20TH AVE	3. Mailing Address 1223 NW 20TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33993-5925	Zip 33993-5925
Country USA	Country USA



04102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DOMINGUEZ, NARCISO 1765 NW 107TH STREET MIAMI, FL 33167	
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4. FEI Number 20-5884976	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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7. Name and Address of New Registered Agent Name DOMINGUEZ, NARCISO Street Address (P.O. Box Number is Not Acceptable) 1223 NW 20TH AVE City CAPE CORAL FL Zip Code 33993-5925	
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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 NARCISO DOMINGUEZ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	04/10/07 <small>DATE</small>

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 NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, NARCISO 1765 NW 107TH STREET MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DOMINGUEZ, NARCISO 1223 NW 20TH AVE CAPE CORAL FL 33993-5925 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMINGUEZ, HAMLEY T 1223 NW 20TH AVE CAPE CORAL FL 33993-5925 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.	
SIGNATURE: NARCISO DOMINGUEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-10-07 786-246-3960 <small>Date Daytime Phone #</small>