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Secretary of State
05-27-2008 90035 042 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000135932

1. Entity Name
DOMINGUEZ TRUCK, INC.

66015113

04282008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1223 NW 20TH AVE CAPE CORAL, FL 33993	1223 NW 20TH AVE CAPE CORAL, FL 33993

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2301 NW 99 ST	2301 NW 99 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33147 Country: DADE	Zip: 33147 Country: DADE

4. FEI Number: 20-5884976 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOMINGUEZ, NARCISO 1223 NW 20TH AVE CAPE CORAL, FL 33993	Name: DOMINGUEZ, HAMLEY Street Address (P.O. Box Number is Not Acceptable): 2301 NW 99 ST City: MIAMI FL Zip Code: 33147

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, NARCISO 1223 NW 20TH AVE CAPE CORAL, FL 33993	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMINIGUEZ, HAMLEY 1223 NW 20TH AVE CAPE CORAL, FL 33993	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DOMINGUEZ, HAMLEY 2301 NW 99 ST MIAMI, FL 33147	☒ 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 all other like empowered.

SIGNATURE: [signature] 04/20/08 (786) 246-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #