

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 8:00 am
Secretary of State

02-25-2008 90045 035 ***150.00

DOCUMENT # P07000024406 1. Entity Name FALERO TRUCKING OF TAMPA, INC					
Principal Place of Business 4616 N. ST. VINCENT ST TAMPA, FL 33614 US			Mailing Address 4616 N. ST. VINCENT ST TAMPA, FL 33614 US		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 20-232307	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent TESTA, PHILIP J SR 4726-B N. LOIS AVE TAMPA, FL 33614					
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 date of application					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! - FEE IS \$150.00 - After May 1, 2008 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAZQUEZ, ALEJANDRO 4616 N. ST VINCENT ST TAMPA, FL 33614		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	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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