

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050994

Entity Name: ARQUI BANDIDO TRUCKING INC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

2723 TRIANNA STREET  
NORTH PORT, FL 34286 US

## New Principal Place of Business:

2723 TRIANNA STREET  
NORTH PORT, FL 34291 US

## Current Mailing Address:

PO BOX 131  
FORT OGDEN, FL 342670131 US

## New Mailing Address:

2723 TRIANNA STREET  
NORTH PORT, FL 34291 US

FEI Number: 00-8925177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUIZ, ARQUELIO  
2723 TRIANNA STREET  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

RUIZ, ARQUELIO  
2723 TRIANNA STREET  
NORTH PORT, FL 34291 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUIZ, ARQUELIO  
Address: 2723 TRIANNA STREET  
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP ( ) Delete  
Name: RUIZ, IVONNE  
Address: 2723 TRIANNA STREET  
City-St-Zip: NORTH PORT, FL 34286 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RUIZ, ARQUELIO  
Address: 2723 TRIANNA STREET  
City-St-Zip: NORTH PORT, FL 34291 US

Title: VP (X) Change ( ) Addition  
Name: RUIZ, IVONNE  
Address: 2723 TRIANNA STREET  
City-St-Zip: NORTH PORT, FL 34291 US

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: ARQUELIO RUIZ

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date