



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2008 90029 031 ***150.00

DOCUMENT # P07000056372			
1. Entity Name LUJO'S TRUCKING INC			
Principal Place of Business 8201 NW 66 ST SUITE 5 MIAMI, FL 33166		Mailing Address 322 LEAFLET IVES TRAIL LAWRENCEVILLE, GA 30045	
2. Principal Place of Business - No P.O. Box # 11201 SW 55th ST #491 Suite, Apt. #, etc.		3. Mailing Address 11201 SW 55th ST #491 Suite, Apt. #, etc.	
City & State MIRANAH, FL		City & State MIRANAH, FL	
Zip 33025	Country US	Zip 33025	Country US
4. FEI Number 208979664		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARRIER PERMIT GROUP INC 8201 NW 66 ST SUITE 5 MIAMI, FL 33166		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MONSALVE, LUZ A 322 LEAFLET IVES TRAIL LAWRENCEVILLE, GA 30045 <input checked="" 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	VP RIVERO, JUAN J 322 LEAFLET IVES TRAIL LAWRENCEVILLE, FL 30045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERO, JUAN J 11201 SW 55th ST #491 MIRANAH, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		03/11/08 (305) 216-6929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	