

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082839

Entity Name: RAFMIG TRUCKING CORP

FILED  
Apr 25, 2009  
Secretary of State

## Current Principal Place of Business:

1841 NW 105 TERR  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

1841 NW 105 TERR  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 26-0554517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALACIO, MIGUEL  
1841 NW 105 TERR  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PALACIO, MIGUEL  
Address: 1841 NW 105 TERR  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD ( ) Delete  
Name: PALACIO, RAFAEL  
Address: 2070 ELAINE CIRCLE  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MIGUEL PALACIO

PD

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date