2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 07, 2008 8:00 am Secretary of State

DOCUMENT # P07000126822							7	05-07-2008	-		
1. Entity Name ROBAL TRUCKING INC								2000	, , , , , , , , , , , , , , , , , , , ,	, 10	
Principal Place of Business				ailing Address		•	•••				
4502 MAPLETREE LOOP			4	502 MAPLETREE LOC							
WESLEY CHAPEL, FL 33543				ESLEY CHAPEL, FL. 3							
								Cinina con con con	E STELE KOLO OTLO		ITALI IS KANT
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		05032008	Chg-P	CR2E03	4 (12/06)		
City & State			(City & State		4. FEI Numb	er 26-148	6604		oplied For ot Applicable	
Zip	Country			Zip Country			5. Certificate	of Status Desired	□ \$	8.75 Add	titional
			Bandad	hand Appet			7 Name and	Address of Nove D		ee Require	a .
	0. Name	and Address of Current	Regisi	вгес Аделт		Name	/. Name and	Address of New Re	egistered Ag	ent	
ALBIZAR, ROBERTO 4502 MAPLETREE LOOP WESLEY CHAPEL, FL 33543					Street Address (P.O. Box Number is Not Acceptable)						
						Chock industry (i.e. box italinosi la lavi noceptavio)					
	•					-	·			1	
						City			FL	Zip Cod	e
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Frust Fund Contribut							5.00 May Be ded to Fees	in accordance w corporation did r	ith s. 607.1 not receive	93(2)(b), the prior i	F.S., the notice.
10.		OFFICERS AND	DIREC	TORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND D	DIRECTOR	S IN 11
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	WESLEY CHAPEL, FL 33543						· · · · · · · · · · · · · · · · · · ·	·		7.04	
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 		n information assertion is	h shi- *	Son does not access of			od in Observation	N. Classical Colon and A	£		-4
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.											

05-1-08

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Daytime Phone #