

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089717

Entity Name: ADL TRUCKING INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

3208 SW 142 CT  
MIAMI, FL 33175

## New Principal Place of Business:

## Current Mailing Address:

3208 SW 142 CT  
MIAMI, FL 33175

## New Mailing Address:

FEI Number: 26-3523196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORRONS, DANY  
3208 SW 142 CT  
MIAMI, FL 33175 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: DP ( ) Delete  
Name: CORRONS, DANY  
Address: 3208 SW 142 CT  
City-St-Zip: MIAMI, FL 33175

Title: DT ( ) Delete  
Name: CORRONS, FELIPE  
Address: 12017 SW 110 ST CIR E  
City-St-Zip: MIAMI, FL 33186

Title: DVP ( ) Delete  
Name: FORERO, OSCAR  
Address: 19001 NE 14 AVE #22  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: DS ( ) Delete  
Name: TORRES, DANNY  
Address: 13141 SW 23 CT  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DANY CORRONS

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date