

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073124

Entity Name: VARON TRUCKING INC

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

14921 ARCHERHALL STREET  
DAVIE, FL 33331

## **New Principal Place of Business:**

11117 WEST OKEECHOBEE ROAD  
SUITE 203  
HIALEAH GARDENS, FL 33018

## **Current Mailing Address:**

14921 ARCHERHALL STREET  
DAVIE, FL 33331

## **New Mailing Address:**

11117 WEST OKEECHOBEE ROAD  
SUITE 203  
HIALEAH GARDENS, FL 33018

FEI Number: 27-3419748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

VARON CABAS, CARLOS M  
14921 ARCHERHALL STREET  
DAVIE, FL 33331 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: VARON CABAS, CARLOS M  
Address: 14921 ARCHERHALL STREET  
City-St-Zip: DAVIE, FL 33331

Title: VP  
Name: DEAL REAL, FIORE E  
Address: 14921 ARCHERHALL STREET  
City-St-Zip: DAVIE, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: CARLOS MARIO VARON CABAS

P

03/22/2012

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

\_\_\_\_\_  
Date