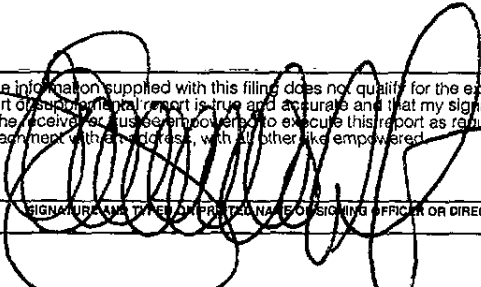


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000007455		
1. Entity Name ANTILLES TRUCKING CORPORATION		
Principal Place of Business 11206 NW 36TH AVE MIAMI, FL 33167 US		Mailing Address 11250 NW 36TH AVE MIAMI, FL 33167 US
DO NOT WRITE IN THIS SPACE		
		
03212005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0380294		Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOPEZ, EDUARDO L 11206 NW 36TH AVE MIAMI, FL 33167		DO NOT WRITE IN THIS SPACE
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 NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, EDUARDO L 11206 NW 36TH AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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: 		4/20/05 (305) 688-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #