2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071990

14689 21ST STREET N

LOXAHATCHEE, FL 33470

Address: City-St-Zip:

Entity Name: TRU TRUCKING, INC.

FILED Mar 13, 2009 Secretary of State

Entity Nan	ne: IRU IRUCKII	NG, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	T STREET N. CHEE, FL 33470	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 1 LOXAHATO	1058 CHEE, FL 33470	US			
FEI Number:	65-0489248 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
12669 KEY	FRANCISCO LIME BLVD. LM BEACH, FL 33	412 US	TRUJILLO, FRANCISC 3434 OTTERS RUN DF GROVELAND, FL 347:	₹	
The above in the State	named entity subm of Florida.	its this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: FRANCISCO TRUJILLO				03/13/2009	
	Electronic Sig	nature of Registered Age	nt	Date	
Election Can	npaign Financing Trus	t Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VSD () Delete TRUJILLO, DAVID 14689 21ST STREET LOXAHATCHEE, FL (N	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PTD () Delete TRUJILLO, FRANCISO 3434 OTTERS RUN D GROVELAND, FL 347	CO R.	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	V () Delete	e	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CARIDAD TRUJILLO V 03/13/2009