## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000067601

Entity Name: B & B TRUCKING REPAIR, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	ss:
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2440 JENKIN RD 5451 ST LUCIE BLVD.

FORT PIERCE, FL 34947 US FORT PIERCE, FL 34946 US

Current Mailing Address: New Mailing Address:

2440 JENKIN RD P.O.BOX 881283

PORT ST LUCIE, FL 34947 US PORT ST LUCIE, FL 34988 US

FEI Number: 20-8403010 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROMAN, SANDRA
2440 JENKIN RD
5451 ST LUCIE BLVD.
PORT ST LUCIE, FL 34947 US
FORT PIERCE, FL 34946 US

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: SANDRA ROMAN 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 ROMAN, SANDRA
 Name:
 ROMAN, SANDRA

 Address:
 2440 JENKIN RD
 Address:
 P.O.BOX 881283

City-St-Zip: FORT PIERCE, FL 34947 US City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Name: FIGUEIREDO, TRAJANO S Name: FIGUEIREDO, TRAJANO S

Address: 2440 JENKIN RD Address: P.O.BOX 881283

City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: ( ) Delete Title: VPD ( ) Change (X) Addition

 Name:
 Name:
 ROMAN, ALBERTO

 Address:
 Address:
 P.O. BOX 881283

City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34988 US

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: SANDRA ROMAN PD 04/15/2009