

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 019 ***150.00

DOCUMENT # P94000074 337	
1. Entity Name Ro Go Trucking Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2400 SUNDERLAND AVE		3. Mailing Address - SAME -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WELLINGTON, FL		City & State - SAME -	
Zip 33414	Country U.S.A.	Zip - SAME -	Country - SAME -

40044882

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0536183		Applied For ☐ No, Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ROLANDO GONZALEZ	
	Street Address (P.O. Box Number is Not Acceptable) 2400 SUNDERLAND AVE	
	City WELLINGTON	State FL

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 _____ DATE _____
Signature, type or printed name of registered agent and date. If applicable, if not, Registered Agent, signature, date and other information.

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP PRES ROLANDO GONZALEZ 2400 SUNDERLAND AVE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-STATE-ZIP SECY JANUILL C. GONZALEZ 2400 SUNDERLAND AVE WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		

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 or 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 on an attachment with an address, with all other live empowered.

SIGNATURE: *Rolando Gonzalez* **3/6/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)