
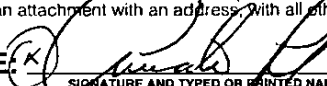


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90092 017 ***150.00

DOCUMENT # P95000058038					
1. Entity Name DANARKE TRUCKING, INC.					
Principal Place of Business 12700 NW 15 ST MIAMI, FL 33182			Mailing Address 12700 NW 15 ST MIAMI, FL 33182		
2. Principal Place of Business		3. Mailing Address 280 N.W. 129 Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, FL			
Zip	Country	Zip	Country		
33182	USA				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LLIZO, ALEXIS 280 N.W. 129TH AVE. MIAMI, FL 33182			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLIZO, AMADO %1451 N.W. 129TH AVE. MIAMI, FL 33182 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Llizo, Amado 280 N.W. 129 Avenue Miami, FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LLIZO, ALEXIS 280 N.W. 129TH AVE. MIAMI, FL 33182 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. Llizo, Alexis 280 N.W. 129 Avenue Miami, FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. Llizo, Armando 280 N.W. 129 Avenue Miami, FL 33182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			Amado Llizo (X) Date _____ Daytime Phone # (305) 477-0818		

00011234



01212005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0598996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required