
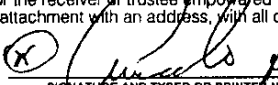


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90299 016 ***150.00

DOCUMENT # P95000058038 1. Entity Name DANARKE TRUCKING, INC.					
Principal Place of Business 12700 NW 15 ST MIAMI, FL 33182			Mailing Address 300 NW 129TH AVENUE MIAMI, FL 33182		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 19431 SW. 133 Avenue Suite, Apt. #, etc.			
City & State _____		City & State Miami, FL		4. FEI Number 65-0598996	
Zip _____		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLIZO, ALEXIS 280 N.W. 129TH AVE. MIAMI, FL 33182				7. Name and Address of New Registered Agent Name Llizo Alexis Street Address (P.O. Box Number is Not Acceptable) 19431 SW. 133 Avenue City Miami FL Zip Code 33177	
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, 2006 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 280 NW 129 AVENUE MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Llizo, Amado 19431 SW. 133 Avenue Miami, FL 33177
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LLIZO, ALEXIS 280 N.W. 129TH AVE. MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Llizo, Alexis 19431 S.W. 133 Avenue Miami, FL 33177
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LLIZO, ARMANDO 280 NW 129 AVENUE MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Llizo Armando 19431 SW. 133 Avenue Miami, FL 33177
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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) 5/1/06 (X) 305 477-0819					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					