2004 FOR PROFIT CORPORATION "2005" ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000075416

1. Entity Name
N & J TRUCKING, INC.

Principal Place of Business	Mailing Address
3220 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142	3220 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0618607
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OSORNO, JORGE
3220 N.W. SOUTH RIVER DRIVE
MIAMI, FL 33142

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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, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000000355863
05/04/05-80016-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	MONOCANDILOS, JORDAN
STREET ADDRESS	3201 N.W. 24TH ST. ROAD
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	OSORNO, JORGE
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	SUAREZ, ROSANA
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	MONOCANDILOS, NICOLAS
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	MONOCANDILOS, DORA
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #