

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90029 023 \*\*\*158.75

<b>DOCUMENT # P95000075416</b> 1. Entity Name <b>N &amp; J TRUCKING, INC.</b>					
Principal Place of Business <b>3220 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142</b>			Mailing Address <b>3220 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0618607</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>OSORNO, JORGE</b> <b>3220 N.W. SOUTH RIVER DRIVE</b> <b>MIAMI, FL 33142</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>MONOCANDILOS, JORDAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3201 N.W. 24th ST. RD.</b> City <b>MIAMI, FL</b> Zip Code <b>33142</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MONOCANDILOS, JORDAN <input type="checkbox"/> Delete 3201 N.W. 24TH ST. ROAD MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Monocandilos, Jordan 3201 N.W. 24th ST. RD. Miami, Florida 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete OSORNO, JORGE 3201 NW 24TH ST RD MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chabo, Jorge 3201 N.W. 24th ST. RD. Miami, Florida 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SUAREZ, ROSANA 3201 NW 24TH ST RD MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete MONOCANDILOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete MONOCANDILOS, DORA 3201 NW 24TH ST RD MIAMI, FL		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 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.					
<b>SIGNATURE:</b>			Date <b>3/13/06</b> Daytime Phone # <b>305 637-7962</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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