


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 001 ***150.00

DOCUMENT # P96000016172 1. Entity Name TONY'S TRUCKING, INC.			
Principal Place of Business 7951 S.W. 40TH STREET #206 MIAMI, FL 33155		Mailing Address 7951 S.W. 40TH STREET #206 MIAMI, FL 33155	
2. Principal Place of Business 2521 Maretec Dr Suite, Apt. #, etc.		3. Mailing Address 2521 Maretec Dr. Suite, Apt. #, etc.	
City & State Naples, FL 34114 Zip Country		City & State Naples, FL 34114 Zip Country	
4. FEI Number 65-0649416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, OSWALDO 7951 SW 40TH STREET STE 206 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	PVST GINORIS, LEONOR M D 7951 S.W. 40TH STREET #206 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GINORIS, LEONOR MD 2521 Maretec Dr. Naples, FL 34114
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
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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)(l), 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: <u>Leon M Ginores</u> PRSDNT 4/19/05 305-2616251 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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