2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2004 08:00 AM **DOCUMENT # P96000033803 Secretary of State** 1. Entity Name AVEŔSA TRUCKING, INC. Principal Place of Business Mailing Address 5411 N.W. 82ND AVE. 5411 N.W. 82ND AVE. LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0663427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AVERSA, RORY DO NOT WRITE 5411 N.W. 82ND AVENUE LAUDERHILL, FL 33351 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE AVERSA, RORY NAME STREET ADDRESS 5411 N.W. 82ND AVENUE U000000000626 01/09/04-80005-009 150.00 LAUDERHILL, FL 33351 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 suppliermental 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 TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

> 1/6/04 954-748-4076 Date Dayone Phone #

FILED