

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000050486</b>	
1. Entity Name <b>LEONZI JONES TRUCKING INC.</b>	

Principal Place of Business <b>20030 NE 21 AVE N MIAMI BEACH, FL 33179</b>	Mailing Address <b>20030 NE 21 AVE N MIAMI BEACH, FL 33179</b>
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**DO NOT WRITE IN THIS SPACE**



08312006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0683717</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>JONES, LEONZI 20030 NE 21 AVE N MIAMI BEACH, FL 33179</b>	

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>JONES, LEONZI 20030 NE 21 AVE N MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>JONES, FLONNIE 20030 NE 21 AVE N MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000576622  
09/11/06-80003-011 150.00

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IN THIS SPACE**

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: Leonzi Jones 9-1-06 305 691 1704

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