

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000052798

1. Entity Name
JODE TRUCKING INC.



Principal Place of Business
4180 PINE GLADES ROAD
WEST PALM BEACH, FL 33406 US

Mailing Address
4180 PINE GLADES ROAD
WEST PALM BEACH, FL 33406 US



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0681565
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

ACEVEDO, JORGE
4180 PINE GLADE RD
WEST PALM BEACH, FL 33406

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ACEVEDO, JORGE A
STREET ADDRESS 4180 PINE GLADE RD
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE VP
NAME JIMENEZ, DELIA
STREET ADDRESS 4180 PINE GLADES ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE
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000000234602
02/18/05-80028-009 150.00

**DO NOT WRITE.
IN THIS SPACE**

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 #