
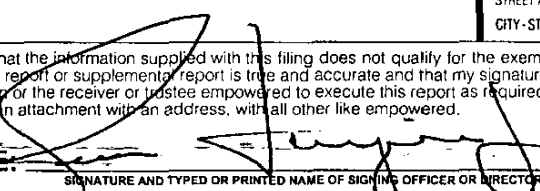


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90013 022 \*\*\*150.00

<b>DOCUMENT # P96000088446</b>				
1. Entity Name TRUJILLO & SONS, INC.				
Principal Place of Business 1100 N.W. 23RD STREET MIAMI, FL 33127		Mailing Address 1100 N.W. 23RD STREET MIAMI, FL 33127		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	01252008    Chg-P    CR2E034 (12/06)  4. FEI Number 65-0706274    Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
CRUZ, LUIS ESQ 7950 WEST FLAGLER STREET SUITE 104 MIAMI, FL 33144				7. Name and Address of New Registered Agent
				Name <b>TERRANCE J. MULLIN P.A.</b>
				Street Address (P.O. Box Number is Not Acceptable) <b>150 SE 2 AVE</b>
				<b>SUITE 1201</b>
City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</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 <b>TERRANCE J. MULLIN</b>				DATE <b>2/12/08</b>
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUJILLO, LUCAS JR.	NAME		
STREET ADDRESS	1100 N.W. 23RD STREET	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUJILLO, ALBERTO	NAME		
STREET ADDRESS	1100 N.W. 23RD STREET	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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 				DATE <b>2/12/08</b> DAYTIME PHONE # <b>30 -633-6482</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE    Daytime Phone #