

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000088485

1. Entity Name  
DOMINICK TRUCKING, INC.



Principal Place of Business  
470 EAST 60TH STREET  
HIALEAH, FL 33013

Mailing Address  
470 EAST 60TH STREET  
HIALEAH, FL 33013

2. Principal Place of Business

950 NW 201 TERRACE

3. Mailing Address

950 NW 201 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0705187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOVTO, DOMINICK  
470 EAST 60TH STREET  
HIALEAH, FL 33013

SORTO Dominick  
950 NW 201 TERR.  
Pembroke Pines FL 33029

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME SOVTO, DOMINICK  
STREET ADDRESS 470 EAST 60TH STREET  
CITY-ST-ZIP HIALEAH, FL 33013

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

SORTO DOMINICK  
950 NW 201 TERR.  
Pembroke Pines FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

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: *Dominick* *Sorto* P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/06 805) 216-9681

Date

Daytime Phone #

**FILED  
Mar 22, 2006 8:00 am  
Secretary of State**

03-22-2006 90019 002 \*\*\*150.00