


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90174 021 ***150.00

DOCUMENT #
1. Entity Name
P97000043911
ARM TRUCKING, INC ✓



DO NOT WRITE IN THIS SPACE

11009780

2. Principal Place of Business
12872 SW 46th Tr

3. Mailing Address
12872 SW 46th Tr

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

Zip
33175 Country

Zip
33175 Country

4. FEI Number
65-0760100

Applied For
 Not Applicable

**DO NOT WRITE
IN THIS SPACE**

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

7. Name and Address of Current 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<i>D</i> <i>Rivera, Maria</i>	TITLE	
NAME	<i>12872 SW 46th Tr</i>	NAME	
STREET ADDRESS	<i>Miami, FL 33175</i>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<i>V</i> <i>Ramos, Aracelio</i>	TITLE	
NAME	<i>7081 Taft St # 202</i>	NAME	
STREET ADDRESS	<i>Hollywood FL 33024</i>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *04-18-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)