


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90015 015 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 98000018108			
1. Corporation Name CMV Trucking INC.			
Principal Place of Business 9657 River side Dr. H-1 Coral Spring FL 33071		Mailing Address P.O. Box 277616 Miramar FL 33027	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 2/24/98	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number A/F	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Martha C. Vargas 9657 River side Dr H-1 Coral Spring FL 33071		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Katherine Harris		DATE 6-9-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Martha C Vargas 9657 River side Dr H-1 Coral Spring FL 33071	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha C. Vargas - Pres. 6-9-99 (954) 444-8747

Our fax 305-887-2886

Please Rush
Shanty

579564-9005-15
998000018108

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003
Expires 12-31-96

1 Name of applicant (Legal name) (See instructions.) C M V TRUCKING, INC.			
2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) 930 EAST 16th PLACE		5a Business address, if different from address in lines 4a and 4b 9657 RIVER SIDE DR	
4b City, state, and ZIP code HIALEAH, FL. 33010		5b City, state, and ZIP code CORAL SPRING, FL. 33071	
6 County and state where principal business is located BROADWARD, FLORIDA			
7 Name of principal officer, general partner, grantor, owner, or trustor--SSN required (See instructions.) ▶ MARTHA C VARGAS, PRES-SEC-TREAS 126-50-7258			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) S CORP <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input type="checkbox"/> Other (specify) ▶ (enter GEN if applicable)			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State FLORIDA Foreign country	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.) JUNE 7th, 1999		11 Enter closing month of accounting year. (See instructions.) DECEMBER 31st	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ UNKNOWN			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Nonagricultural	Agricultural
		-0-	-0-
14 Principal activity (See instructions.) ▶ FOOD TRANSPORT			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box.			
<input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) ▶ FOOD TRANSPORT <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.			
Legal name ▶		Trade name ▶	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year)		City and state where filed	
		Previous EIN	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.			
Name and title (Please type or print clearly.) ▶ MARTHA C VARGAS, PRES-SEC-TREAS		Business telephone number (include area code) 954-444-8747	
Signature ▶ <i>Martha C Vargas</i>		Date ▶ 6/7/99	
Note: Do not write below this line. For official use only.			
Please leave blank ▶			
Geo.	Ind.	Class	Size
			Reason for applying