2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # P98000027504 1. Entity Name | | | | | Secretary of State | | | | |
|--|--|---|----------------------|--|-----------------------------------|--|-----------------|---------------------------------|------------------------------|
| LINDO TRUCKING INC. | | | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | | | | |
| 1480 NORTHWEST 193RD TERRACE MIAMI FL 33169 | | 1480 NORTHWEST 193RD TERRACE MIAMI FL 33169 | | | אנושם ולושו זשועו שוו ושעוום. | | | 88 88 0 17 1 40 5 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | MOORE | CR2E034 | | <u></u> | |
| City & State | | City & State | | 4. FEI Numi | 65-08229 | 968 | | plied For t Applicable | |
| Zip | Country | Zip | Country | | 5. Certificat | e of Status Desire | d 🔲 | \$8.75 Add Fee Require | |
| | 5. Name and Address of Curren | it Registered Agent | | | 7. Name an | d Address of Ne | w,Registered | Agent | |
| LINDO ALICUCTUO | | | | Name | | | : | | · |
| LINDO, AUGUSTUS 1480 NORTHWEST 193RD TERRACE MIAMI FL 33169 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| ,,,,, | 1 2 00 100 | | | | | | _, | | <u> </u> |
| | | | | City | | | FL | Zip Codi | Э |
| | named entity submits this statement tions of registered agent. | for the purpose of changing its | registered (| office or register | ed agent, or b | oth, in the State o | f Florida. I am | familiar with, | and accept |
| SIGNATURE | Signature: typed or printed name of registered age: | nt and title if applicable. (NOT | E Registered Ag | jent signatura required | i when roinstating) | - : - · · · · · · · · · · · · · · · · · · · | DATE | · | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | lection Campaigr rust Fund Contrib | | | 0 May Be I to Fees |
| 10. | OFFICERS AN | 30CC 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 11. | | ADDITIONS | S/CHANGES TO | OFFICERS AN | D DIRECTOR | S IN 11 |
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| NAME | LINDO, AUGUSTUS L | | NAME | | | ປູກວາກກ | 0071128 | | _ |
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12. I hereby certify that the information supplied with this filling 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 given like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

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