

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90064 035 \*\*\*150.00

DOCUMENT # P98000043549

1. Corporation Name

POWER TRUCKING, INC.

Principal Place of Business

201 BONNIE BLVD., #108  
PALM SPRINGS FL 33461

Mailing Address

201 BONNIE BLVD., #108  
PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

65-0836120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5304 CANNON WAY

26 P.O. Box 19203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 WPB FLORIDA

27 City & State  
28 WPB, FLORIDA

24 Zip 33415 25 Country USA

29 Zip 33406 30 Country USA

9. Name and Address of Current Registered Agent

LEIVA, GUSTAVO  
201 BONNIE BLVD., #108  
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name

LEIVA, GUSTAVO

82 Street Address (P.O. Box Number is Not Acceptable)

5304 CANNON WAY

83

84 City

WPB

FL

85 Zip Code

33415

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LOAIZA, JESUS ANCIZAR  
STREET ADDRESS 48-42 RANCH WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☒ DELETE

NAME VARGAS, VICTOR DANIEL  
STREET ADDRESS 948 LAKE VICTORIA APT. #A  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D ☐ DELETE

NAME LEIVA, GUSTAVO  
STREET ADDRESS 201 BONNIE BLVD., #108  
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE D ☒ DELETE

NAME SUAREZ, OSCAR  
STREET ADDRESS 622 NORLTH "M" STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☒ DELETE

NAME PEREZ, EDISON W  
STREET ADDRESS 8325 WATERWAY DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE D ☒ DELETE

NAME MORALES, VICTOR  
STREET ADDRESS 789 COTTON BAY APT. #2402  
CITY-ST-ZIP WEST PALM BEACH FL 33406

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)