2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2005 08:00 AM Secretary of State DOCUMENT # P98000055892 1. Entity Name E.T. TRUCKING INC. Principal Place of Business Mailing Address 4180 PINE GLADES RD 4180 PINE GLADES RD WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 65-0846388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACEVEDO, ENRIQUE DO NOT WRITE 4180 PINE GLADES RD WEST PALM BEACH, FL 33406 **IN THIS SPACE** 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE ACEVEDO, ENRIQUE NAME STREET ADDRESS 4180 PINE GLADES RD WEST PALM BEACH, FL 33406 CITY-SI-ZIP TITLE ACEVEDO, TERRYLYN NAME STREET ADDRESS 1110 SECOND AVENUE E. CITY - ST - ZIP BRADENTON, FL 34208 TITLE NAME STREET ADDRESS DO NOT WRITE. CITY - \$T - ZIP IN THIS SPACE MAME STREET ADDRESS CITY -ST - ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

941-741-238-Daytime Phone #