PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800063550

RODRIGUEZ TRUCKING, INC.

FILED
Mar 24, 1999 8:00 am
Secretary of State
03-24-1999 90052 002 ***150.00

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Principal Place of Business	Mailing Address				
450 GW GARDEN DLVD			,		
PALM CITY FL 34990 PALM CITY FL 34990			DO NOT WRITE IN THIS SPACE		
_			3. Date Incorporated or Qualifed		
;		ľ	07/16/1998	_	_ } ;
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 2	7 N A A A	145	65-0853072	Not Applica	ble -
Suite, Apt. #, etc.	Suite, Apt. #. atc.		5. Certificate of Status Desired	\$8.75 Additiona	'
22	7		5. Certificate of Status Desired	Fee Required	
City & State	Gity & State		6. Election Campaign Financing	\$5.00 May Be	
23 2		+L	Trust Fund Contribution	Added to Fees	
Zip Country	Zip JOO CC	ountry 1 C 0	8. This corporation owes the current year		\ .
24 25 25		USA	Personal Property Tax.	Yes WNo	
9. Name and Address of Current Rep	gistered Agent	100 100	10. Name and Address of New Registers	KI Agent	'
		81 Name	≥odriauez . Zam	ion .	
RODRIGUEZ, RAMON	S.W. 3/st 87	82 Street Addres			
-750-CW GARDEN 81/0 -	5,01,076467	<u> </u>	70 SW 5181	Street	—-{
PALM CITY FL 34990 Polym	CI ty F1 34890.	83			{ '
(Parini	ZUGON	84 City D	0'14	85 Zip Code	_
		1 1 1 1	IM CITY - E	T 1246 40	
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Fix agent, I am femilial with, and accept the deligations	1 607.1508, Florida Statutes, the	above-named corpor	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its registered pointment as registered	* 1 1
agent. I am familiar with, and accept the deligations	of, Section 697.0505, Florida St	atutes.		2/00	
CICHATURE (XAMM) (XIMM)	ALL - Mr			2/99	ì
Signature, typed or printed name of registered agent and t	if application (NOTE: Register	red Agent signature required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 1	2 (8)
12. OFFICERS AND OIL			LUS / DE NT	Change Ad	dition
me President		mue PE	AN ON NOIGHEZ		1 41 .
NAME Ramon Radriguez	-APGT	NAME R	MON ROPRIQUEZ SW 3/ST STREET		
, , , , , , , , , , , , , , , , , , ,			um CITY FL 34	990	CR2E034
CITY-ST-ZIP:		TITLE	<u> </u>	☐ Change ☐ Add	filion O
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STREET ADDRESS	5.3	STREET ADDRESS			
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	. 6.3	STREET ADDRESS			}
STREET ADDRESS					
CITY-ST-ZIP	- 164	CITY-ST-ZIP	3	i	_

4. 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 controlling or the receiver or trustee approximation or the receiver of trustee approximation or the receiver of trustee approximation or the receiver or trustee approximation

SIGNATURE: SOMETIME AND TYPES OF PROMITED MAY OF SHARED OF PRINCIPLE OF PROMITED MAY OF SHARED OF PRINCIPLE O

3/7/99

561-286-9875 Deystra Phone #

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