


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90459 003 \*\*\*150.00

<b>DOCUMENT # P98000073968</b> 1. Entity Name <b>H. SERRANO TRUCKING CORPORATION</b>			
Principal Place of Business <b>6732 NW 188TH TERRACE</b> <b>MIAMI, FL 33015</b>		Mailing Address <b>6732 NW 188TH TERRACE</b> <b>MIAMI, FL 33015</b>	
2. Principal Place of Business <b>8287 NW 70th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>8287 NW 70th St</b> Suite, Apt. #, etc.	
City & State <b>Tamarac, FL</b> Zip <b>33321</b>		City & State <b>Tamarac, FL</b> Zip <b>33321</b>	
4. FEI Number <b>65-0860608</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SERRANO, HUMBERTO T</b> <b>6732 NW 188TH TERRACE</b> <b>MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SERRANO, HUMBERTO T</b> <b>866 HARBOR INN TR</b> <b>POMPANO BEACH, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 other like empowered.			
<b>SIGNATURE:</b> <u>Humberto Serrano</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-30-04 Date 954-342-8421 Daytime Phone #	

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04192004 Chg-P CR2E034 (10/03)