

Apr. 28. 2005 9:00AM

No. 9643 P. 2

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000088733		
1. Entity Name AIRPORT TRUCKING SERVICES, INC.		
Principal Place of Business 13935 NW 1ST AVENUE MIAMI, FL 33168	Mailing Address 13935 NW 1ST AVENUE MIAMI, FL 33168	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PEREZ, BEHAR & ASSOCIATES, INC. 13935 NW 1ST AVENUE MIAMI, FL 33168		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VALENCIA, RAUL D 14744 SW 173RD TERR. MIAMI, FL 33187	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP VALENCIA, JUAN M 14744 SW 173RD TERR. MIAMI, FL 33187	
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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 907, 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: <u>Raul D Valencia</u> RAUL D. VALENCIA 4/28/05 9052358		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0868017** Applied For
Nor Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000348296
05/02/05-80018-017 150.00