

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90320 019 \*\*\*150.00

**DOCUMENT # P99000070640**

1. Entity Name  
**ROBERTO'S TRUCKING & EQUIPMENT INC.**



Principal Place of Business  
**460 JUNG BLVD. NW  
NAPLES, FL 34120**

Mailing Address  
**460 JUNG BLVD. NW  
NAPLES, FL 34120**

**60025358**



2. Principal Place of Business

**491 16 Ave NW**  
Suite, Apt. #, etc.

3. Mailing Address

**491 16 Ave NW**  
Suite, Apt. #, etc.

03312006 Chg-P CR2E034 (11/05)

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number  
**54-2070580**

Applied For  
Not Applicable

Zip  
**34120**

Country

Zip  
**34120**

Country

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

## 6. Name and Address of Current Registered Agent

**FERNANDEZ, ROBERTO JR.  
460 JUNG BLVD. NW  
NAPLES, FL 34120**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P/S/T/O** ☐ Delete  
NAME **FERNANDEZ, ROBERTO**  
STREET ADDRESS **460 JUNG BLVD. NW**  
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **VP** ☒ Delete  
NAME **LOPEZ, ISLATY**  
STREET ADDRESS **460 JUNG BLVD. NW**  
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**

*Roberto Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/04 239-253-4830**  
Date Daytime Phone #