2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000086214

1. Entity Name

D.N.N. TRUCKING, INC.



Principal Place of Business

Mailing Address

10600 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178

10600 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178

FILED Feb 19, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02112004

4.	FEI Number		Applied For
	65-0951769	 	 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HERNANDEZ, AMADO 13598 S.W. 21ST STREET MIRAMAR, FL 33027

SIGNATURE:<

DO NOT WRITE IN THIS SPACE

No Chg-P

			III IIII OI AOL				
the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am fami	liar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	it applicable (NOTE Registered	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000056914 02/19/04-80040-021	150.00	
10.	OFFICERS AND DIREC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERNANDEZ, AMADO 13598 SW 21ST STREET MIRAMAR, FL 33027			<u>.</u> ––5-5	——————————————————————————————————————	::::= ===== ===========================	
TITLE NAME STREET ADDRESS City-ST-ZIP	SVD HERNANDEZ, LEIDY 13598 SW 21ST STREET MIRAMAR, FL 33027					12 000 is 10 4 disp ression and 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. <u></u> -	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,. <u>, </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby on dicated of the corchanged	certify that the information supplied with this f on this report or supplemental report is true a poration or the receiver of trustee empowers , or on an attachment with an address, with a	ling does not qualify for the exer and accurate and that my signat d to execute this report as requir I other like empowered.	mption state ure shall ha ed by Chap	d in Section 119 07/3	(i) Florida Statutes, I further certify:	hat the information	