


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000086214
 1. Entity Name
D.N.N. TRUCKING, INC.



Principal Place of Business Mailing Address
10600 N.W. SOUTH RIVER DRIVE **10600 N.W. SOUTH RIVER DRIVE**
MEDLEY, FL 33178 **MEDLEY, FL 33178**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0951769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

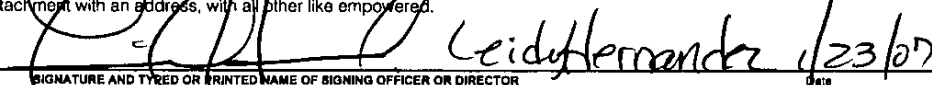
10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HERNANDEZ, AMADO
STREET ADDRESS	13598 SW 21ST STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	SVD
NAME	HERNANDEZ, LEIDY
STREET ADDRESS	13598 SW 21ST STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **Leidy Hernandez** /23/07 305-883-8682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #