

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2005 90137 001 ***150.00

06-22-2005 90137 002 ****13.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 20 PM 2:51

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05202005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000102774 1. Entity Name PIPO TRUCKING, INC.			
Principal Place of Business 3398 NW 69 ST. MIAMI, FL 33147		Mailing Address 5056 SW BULL POUND ARCADIA, FL 34266	
2. Principal Place of Business 5056 SW Bull Pound		3. Mailing Address 5056 SW Bull Pond	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Arcadia, FL		City & State Arcadia FL	
Zip 34266		Zip 34266	
Country USA		Country U.S.A	
4. FEI Number 65-0966623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, JOSE 3242 NW 68 ST MIAMI, FL 33147		7. Name and Address of New Registered Agent Name Jose R. Ramos Street Address (P.O. Box Number is Not Acceptable) 5056 SW Bull Pond Rd City Arcadia FL Zip Code 34266	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RAMOS, JOSE R STREET ADDRESS 3242 NW 68 ST CITY- ST- ZIP MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<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.			
SIGNATURE:		Date 6/12/05 Daytime Phone (863) 984-7983	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			