


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

06-18-2008 90001 002 \*\*\*150.00

<b>DOCUMENT # P99000102774</b> 1. Entity Name <b>PIPO TRUCKING, INC.</b>			
Principal Place of Business <b>5056 S.W. BULL POND ROAD ARCADIA, FL 34266</b>		Mailing Address <b>5056 S.W. BULL POND ROAD ARCADIA, FL 34266</b>	
2. Principal Place of Business - No P.O. Box # <b>5056 SW Bull Pond</b>		3. Mailing Address <b>5056 SW Bull Pond</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Arcadia FL</b>		City & State <b>Arcadia FL</b>	
Zip <b>34266</b>		Zip <b>34266</b>	
Country <b>US</b>		Country 	
4. FEI Number <b>65-0966623</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RAMOS, JOSE R 5056 S.W. BULL POND ROAD ARCADIA, FL 34266</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>RAMOS, JOSE R</b> STREET ADDRESS <b>3242 NW 68 ST</b> CITY-ST-ZIP <b>MIAMI, FL 33147</b>	<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 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.			
<b>SIGNATURE:</b> <u>Jose R. Ramos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>6/10/08 (305) 218-9640</u> <small>Date Daytime Phone #</small>	