


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90034 030 ***158.75

DOCUMENT # V68559


1. Entity Name
LAND TRUCKING DEVELOPERS CORP.



Principal Place of Business 10356 S.W. 3RD ST. MIAMI, FL 33174	Mailing Address 10356 S.W. 3RD ST. MIAMI, FL 33174
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2. Principal Place of Business 13550 S.W. 88 ST. Suite, Apt. #, etc. #280	3. Mailing Address 13550 S.W. 88 ST. Suite, Apt. #, etc. #280
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0361106	Applied For Not Applicable
Zip 33186	Country	Zip 33186	Country



03292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

RODRIGUEZ, ZENAIDA
 10356 S.W. 3RD ST.
 MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name: **RODRIGUEZ, ZENAIDA**

Street Address (P.O. Box Number is Not Acceptable):
13550 S.W. 88ST. #280

City: **MIAMI** FL Zip Code: **33186**

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: *X Zenaida Rodriguez* DATE: *4/6/2004*

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, REINOL 10356 S.W. 3RD ST. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, ZENAIDA 10356 S.W. 3RD ST. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, REINOL 13550 S.W. 88 ST. #280 MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, ZENAIDA 13550 S.W. 88 ST. #280 MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *X Reinol Rodriguez* REINOL RODRIGUEZ, PRES. DATE: *4/6/2004* DAYTIME PHONE #: *305-382-8335*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #