


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90052 049 \*\*\*158.75

**DOCUMENT # V68559**  
 1. Entity Name  
**LAND TRUCKING DEVELOPERS CORP.**



Principal Place of Business Mailing Address  
 10356 SW 3 STREET 10356 SW 3 STREET  
 MIAMI, FL 33174 MIAMI, FL 33174

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40003007



03292007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
**65-0361106** Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 RODRIGUEZ, ZENaida  
 13550 S W 88 ST  
 # 280  
 MIAMI, FL 33186

**7. Name and Address of New Registered Agent**  
 Name *Rodriguez, Zenaida*  
 Street Address (P.O. Box Number is Not Acceptable)  
*10356 SW 3 Street*  
 City *Miami* FL Zip Code *33174*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>Rodriguez, Reinol</i>		
STREET ADDRESS	<i>10356 SW 3 Street</i>		
CITY-ST-ZIP	<i>Miami, FL. 33174</i>		
TITLE	STD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>Rodriguez, Zenaida</i>		
STREET ADDRESS	<i>10356 SW 3 ST</i>		
CITY-ST-ZIP	<i>Miami, FL. 33174</i>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *[Signature]* **REINOL RODRIGUEZ** *4/04/2007* *305 382-8335*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #