

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000043221

**FILED**  
**Jan 30, 2015**  
**Secretary of State**  
**CC9403441570**

**Entity Name:** M M & K TRUCKING SERVICES CORP

**Current Principal Place of Business:**

135 SW 125 AVE  
MIAMI, FL 33184

**Current Mailing Address:**

135 SW 125 AVE  
MIAMI, FL 33184 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALFONSO, JOSE  
135 SW 125 AVE  
MIAMI, FL 33184 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ALFONSO, JOSE  
Address 135 SW 125 AVE  
City-State-Zip: MIAMI FL 33144

Title S  
Name ALFONSO, ALBA  
Address 135 SW 125 AVE  
City-State-Zip: MIAMI FL 33184

Title V  
Name ALFONSO, MICHELLE  
Address 135 SW 125 AVE  
City-State-Zip: MIAMI FL 33184

Title VP  
Name ALFONSO, MICHAEL  
Address 135 SW 125 AVE  
City-State-Zip: MIAMI FL 33184

Title V  
Name ALFONSO, KATHLEEN  
Address 135 SW 125 AVE  
City-State-Zip: MIAMI FL 33184

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE ALFONSO

**PRESIDENT**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date