


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90286 026 \*\*\*150.00

**DOCUMENT # P96000019743**

1. Entity Name  
**B-75 TRUCKING INC.**




Principal Place of Business      Mailing Address  
**947 EAST 22ND STREET**      **947 EAST 22ND STREET**  
**HIALEAH, FL 33013**      **HIALEAH, FL 33013**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04042005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0646441**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEYVA, ROSARIO**  
**947 EAST 22ND STREET**  
**HIALEAH, FL 33013**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYVA, FRANCIS	NAME	<i>PT Leyva, Francisco</i>
STREET ADDRESS	947 EAST 22 STREET	STREET ADDRESS	<i>947 East 22 St.</i>
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	<i>Hialeah, FL</i>
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYVA, ROSARIO	NAME	
STREET ADDRESS	947 EAST 22 STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Rosario Leyva*      *4/14/05*      Date

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

*Rosario Leyva*