


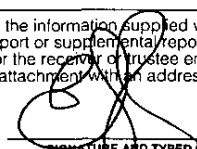
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90016 029 \*\*\*150.00

24076172



DOCUMENT # P97000014731			
1. Entity Name ELMER TRUCK SERVICES, INC.			
Principal Place of Business 11 SW 109TH AVE., STE. C-8 MIAMI, FL 33174		Mailing Address 11 SW 109TH AVE., STE. C-8 MIAMI, FL 33174	
2. Principal Place of Business <i>15766 SW 138 Terrace</i>		3. Mailing Address <i>15766 SW 138 Terrace</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33196</i>	Country	Zip <i>33196</i>	Country
4. FEI Number 65-0727338		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALVARENCA, ELMER O 11 SW 109TH AVE., STE. C-8 MIAMI, FL 33174		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALVARENCA, ELMER O 11 SW 109TH AVE., STE. C-8 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Alvarenga Elmer O</i> <i>15766 SW 138 Terrace</i> <i>Miami FL 33196</i> <input checked="" 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 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 when an address, with all other like empowered.			
SIGNATURE: 		Date	Daytime Phone #
		<i>05/11/2004</i>	<i>305-242-3030</i>

Attachment 24076172  
P97000014731

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

REF:DOCUMENT # P97000014731 (ELMER TRUCK SERVICES, INC)

To Whom It May Concern:

I AM WRITING THIS LETTER BECAUSE I NEVER RECEIVED THE RENEWAL FORM MY CORPORATION. LAST YEAR, I REQUESTED A CHANGE OF ADDRESS AND APARENTLY IT WAS NOT CHANGE. PLEASE ACCEPT MY FORM WITH THE CORRESPONDENT CHECK IN THE AMOUNT OF \$150.00.

RESPECTFULLY YOURS

  
ELMER ALVARENGA