

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 650135

1. Entity Name

**WITHERS TRANSFER AND STORAGE OF CORAL
GABLES, INC.**



Principal Place of Business

**10890 N.W. 29TH ST.
MIAMI, FL 33172**

Mailing Address

**10890 N.W. 29TH ST.
MIAMI, FL 33172**



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1962170

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WITHERS, JR., WAYNE E
1104 HARDEE RD
CORAL GABLES, FL 33146**

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

(Signature)
Signature, typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

DATE

02/07/2007

**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**

**U00000640744
02/28/07-80078-012 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME WITHERS, WAYNE E., JR.
STREET ADDRESS 1104 HARDEE RD.
CITY-ST-ZIP CORAL GABLES, FL**

**TITLE STD
NAME RAMSEY, DAVID, III
STREET ADDRESS 1237 S ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

**TITLE
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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas

Date

Daytime Phone #

2/7/07 305-477-0030