

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90879 035 \*\*\*150.00

DOCUMENT # P00000073426 ✓  
1. Entity Name  
STRAITS TRUCKING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3310 Pinewalk Dr. N.  
3. Mailing Address  
3310 Pinewalk Dr. N.  
Suite, Apt. #, etc.  
# 1818  
City & State  
Margate FL.  
City & State  
Margate FL.  
Zip  
33063 Country  
Broward Zip  
33063 Country  
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1033373 Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

Name  
JAMES DESNOYERS  
Street Address (P.O. Box Number is Not Acceptable)  
3310 Pinewalk Dr. N. #1818  
City  
Margate FL. FL Zip Code  
33063

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.

SIGNATURE James Desnoyers James Desnoyers 4-27-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PVST</u> <u>JAMES DESNOYERS</u> <u>3310 Pinewalk Dr. #1818 Margate FL. 33063</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JAMES DESNOYERS</u> <u>3310 Pinewalk Dr. N. #1818 Margate FL. 33063</u>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: James Desnoyers JAMES DESNOYERS - PRESIDENT 4/26/02 954-309-8207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)