

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90093 047 ***150.00



DOCUMENT # P0000073426

1. Entity Name
STRAITS TRUCKING, INC.

Principal Place of Business
**3310 PINEWALK DR N
 1818
 MARGATE FL 33063**

Mailing Address
**3310 PINEWALK DR N
 1818
 MARGATE FL 33063**



2. Principal Place of Business
5512 NW 41 Ave.

3. Mailing Address
5512 NW 41 Ave

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Coconut Creek FL.

City & State
Coconut Creek FL.

Zip
33073

Country
Broward

4. FEI Number
65-1033373

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ADAMS, GERALD J
 3310 PINEWALK DR N #818
 MARGATE FL 33063**

7. Name and Address of New Registered Agent
 Name **Mandel Accounting & Tax Services Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
9722 S. FLAMINGO RD. P.M. 8. 287
 City **Cooper City FL.** **FL** Zip Code **33330**

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 *James Desnoyers* DATE **7/28/06**

Signature typed or printed name of registered agent and title, applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST DESNOYERS, JAMES 3310 PINEWALK DR N #1818 MARGATE FL 33063 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DESNOYERS, JAMES 3310 PINEWALK DR N #1818 MARGATE FL 33063 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST Desnoyers, James 5512 NW 41 AVE Coconut Creek FL. 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Desnoyers, James 5512 NW 41 AVE Coconut Creek FL. 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James Desnoyers* DATE: **4-20-06** DAYTIME PHONE #: **954-309-8207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR