2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074431

Entity Name: ABLE & WILLING TRUCKING INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10470 SW 6 STREET 5144 MALLARD RD MIAMI, FL 33174 MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** 10470 SW 6 STREET 5144 MALLARD RD MIAMI, FL 33174 MIDDLEBURG, FL 32068 FEI Number: 20-0079508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATISTA, ABEL BATISTA, ABEL 10470 SW 6 STREET 5144 MALLARD RD MIAMI, FL 33174 MIDDLEBURG, FL 32068 US 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: ABEL BATISTA 04/25/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CFO (X) Change () Addition BATISTA, ABEL BATISTA, ABEL SR Name: Name: 10470 SW 6 STREET 5144 MALLARD RD Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIDDLEBURG, FL 32068 SD Title: SD (X) Change () Addition Title: () Delete BATISTA, CARIDAD Name: BATISTA, CARIDAD Name: 10470 SW 6 STREET 5144 MALLARD RD Address: Address: MIAMI, FL 33174 MIDDLEBURG, FL 32068 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete PD BATISTA, WILLIE Name: Name: 5144 MALLARD RD Address Address: City-St-Zip: City-St-Zip: MIDDLEBURG, FL 32068 Title: () Delete Title: VΡ () Change (X) Addition BATISTA, ABEL JR Name: Name: Address: Address: 5144 MALLARD RD City-St-Zip: City-St-Zip: MIDDLEBURG, FL 32068 Title: Title: () Change (X) Addition () Delete PACHECO, MICHELLE Name: Name: Address: Address: 5144 MALLARD RD City-St-Zip: City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL BATISTA PD 04/25/2005