## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000038991

PERSAD, RIXON S

GROVELAND, FL 34736

263 CURTIS AVE

Name:

Address:

City-St-Zip:

FILED Feb 24, 2005 Secretary of State

Entity Name: SANCHO TRUCKING, INC.						
Current Pr	incipal Pla	ce of Business:	New Princ	New Principal Place of Business:		
263 CURTI GROVELAI		36				
Current Mailing Address:			New Maili	New Mailing Address:		
263 CURTI GROVELAI		36				
FEI Number:	04-3786275	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SPIEGEL & 1840 SW 2 4TH FLOOI MIAMI, FL	2ND ST. É R	P.A.	263 CURTI	PERSAD, ST. JOHN S 263 CURTIS AVE GROVELAND, FL 34736 US		
The above in the State		ty submits this statement for the pu	urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E: ST. JO	HN S. PERSAD		02/24/2005		
	Electi	onic Signature of Registered Ager	nt		Date	
Election Cam	ıpaign Finand	ing Trust Fund Contribution ( ).				
OFFICERS	AND DIRE	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD PERSAD, S <sup>*</sup> 263 CURTIS GROVELAN		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD SANCHO, SI 263 CURTIS GROVELANI		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S SANKAR, HA 263 CURTIS GROVELANI		Title: Name: Address: City-St-Zip:	SEC (X) PERSAD, PRAE 263 CURTIS AV GROVELAND, F	/E	
Title:	Т	(X) Delete	Title:	( )	Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ST. JOHN S. PERSAD PD 02/24/2005