

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145064

FILED
Mar 30, 2005
Secretary of State

Entity Name: TRANSFURN MOVING & STORAGE, INC.

Current Principal Place of Business:

8870 N. HIMES AVE.
236
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

8870 N. HIMES AVE.
236
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 77-0649830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RKEIN, HASSAN
8870 N. HIMES AVE
236
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HASSAN, RKEIN
Address: 8870 N. HIMES AVE #236
City-St-Zip: TAMPA, FL 33614 US

Title: P (X) Delete
Name: ALI, MOULHEM
Address: 8870 N. HIMES AVE. #236
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HASSAN RKEIN

PRES

03/30/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date