2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND THE DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 05, 2007 8:00 am Secretary of State

1/15/07

813-333-8966

DOCUMENT # P06000086304 1. Entity Name MDSR TRUCKING, INC.									02-05-2007	90 113 0)28 ***15	0.00
Principal Place of Business 7014 ALMENDARIZ WAY TAMPA, FL 33625				ailing Address 1014 ALMENDARIZ WA 14 AMPA, FL 33625				12264		D (18 8 1111) BY 211 B	:P(89(1) (83)	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			0115	2007	Chg-P	CR2E	034 (12/06)	
City & State				City & State		4. FEI 20	Numbe 5 - 5	1307	52	-	pplied For ot Applicable	
Zip	ip Country			Zip	try	5 . Cer	tificate d	of Status Desired		\$8.75 Ad Fee Require		
	_6. Name	and Address of Curren	t Regis	tered_Agent_		Name	7. Nar	ne and .	Address of New F	Registered	Agent	
RIVERA, STEVEN E 7014 ALMENDARIZ WAY TAMPA, FL 33625							ss (P.O. Box	Numbe	r is Not Acceptabl	θ)		
						City				Fl	Zip Cod	de
	named entitions of regis	y submits this statement tered agent.	for the p	ourpose of changing its	registere	 ed office or regis	stered agen	t, or both	n, in the State of Fl			, and accept
SIGNATURE.	Signature, typed	for printed name of registered age	nt and title	ıf applicable (NOT	E Registere	d Agent signature requ	ired when reinst	ating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550	.00	9. Election Campa Trust Fund Conf	-		5.00 May Added to Fee				-,	
10.		OFFICERS AN	D DIRE		11.	"	ADDI	TIONS/	CHANGES TO OFF	FICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP		STEVEN E MENDARIZ WAY FL 33625		□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Delete							☐ Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	1	1					☐ Change	☐ Addition
indicated	on this repo	e information supplied wi rt or supplemental report he receiver or trustee em achment with an adaptess	is true	and accurate and that i	my signat	ture shall have th	he same leg	al effect	as if made under	oath; that !	am an office	r or director