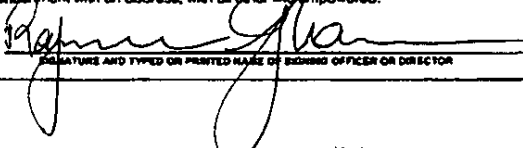


FILED
Apr 07, 2008 8:00 am
Secretary of State

02-27-2008 90016 034 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000040154		
1. Entity Name RAJ & SONS TRUCKING OF CENTRAL FLORIDA, INC.		
Principal Place of Business 6210 CR 675 EAST BRADENTON, FL 34211 US		Mailing Address 6210 CR 675 EAST BRADENTON, FL 34211 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FF1 Number 20-8843101		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GHANSIAM, RAJNARINE 6210 CR 675 EAST BRADENTON, FL 34211		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ DATE: _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agents signature required when registering)		
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS GHANSIAM, RAJNARINE 6210 CR 675 EAST BRADENTON, FL 34211 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 duly empowered.		
SIGNATURE: 		Date: 4/02/08
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Daytime Phone #