2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 28, 2006 8:00 am Secretary of State **DOCUMENT # P01000101758** 03-28-2006 90135 006 ***150.00 1. Entity Name ANTHONY TRUCK SERVICES, INC. Mailing Address Principal Place of Business 50006545 8710 N.W. 101 STREET 8710 N.W. 101 STREET MEDLEY, FL 33178 MEDLEY, FL 33178 3. Mailing Address 2. Principal Place of Business 9135 NW 965+ 9135 NW 96 St CR2E034 (11/05) 03062006 4. FEI Number Applied For City & State City & State 65-1148608 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORENO, TATIANA Street Address (P.O. Box Number is Not Acceptable) 8710 N.W. 101 STREET MEDLEY, FL 33178 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 (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. **X** Change Addition TITLE PVST ☐ Delete TIFLE Moveno, Tationa NAME MORENO, TATIANA NAME 9135 NW 96 8+ STREET ADDRESS 8710 N.W. 101 STREET STREET ADDRESS edley, PC. 33728 CITY-ST-ZIP MEDLEY, FL 33178 CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete oreno, Tatiana NAME MORENO, TATIANA NAME STREET ADDRESS STREET ADDRESS 8710 N.W. 101 STREET -33 mx CITY-ST-ZIP MEDLEY, FL 33178 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED