



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 003 ***150.00

DOCUMENT # 333297 1. Entity Name NATHAN GREENSTEIN, TRUCK BROKER, INC.					
Principal Place of Business 280 NORTHWEST 12TH AVENUE POMPAÑO BEACH, FL 33069-2902				Mailing Address 280 NORTHWEST 12TH AVENUE POMPAÑO BEACH, FL 33069-2902	
2. Principal Place of Business 1257 WEST ATLANTIC BLVD		3. Mailing Address P.O. BOX 608			
Suite, Apt. #, etc. SUITE #106		Suite, Apt. #, etc. 			
City & State POMPAÑO BEACH, FL		City & State POMPAÑO BEACH, FL			
Zip 33069		Zip 33061			
Country BROWARD		Country BROWARD		4. FEI Number 59-1218605	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREENSTEIN, CHARLES 280 NW 12TH AVE POMPAÑO BEACH, FL 33069				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GREENSTEIN, CHARLES 280 N W 12TH AVENUE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEBOLD, GLEN 280 N.W. 12TH AVE. POMPAÑO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALICH, PENNY 280 N.W. 12TH AVE. POMPAÑO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <i>Charles Greenstein</i>			CHARLES GREENSTEIN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/13/05 (954) 946-3520		
Date			Daytime Phone #		