
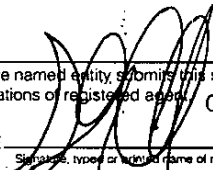
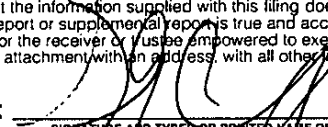


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90082 021 ***150.00

DOCUMENT # 333297 1. Entity Name NATHAN GREENSTEIN, TRUCK BROKER, INC.					
Principal Place of Business 1257 WEST ATLANTIC BLVD. SUITE # 106 POMPAÑO BEACH, FL 33069			Mailing Address P.O. BOX 608 POMPAÑO BEACH, FL 33061		
2. Principal Place of Business 1255 WEST ATLANTIC BLVD		3. Mailing Address P.O. BOX 608			
Suite, Apt. #, etc. #216		Suite, Apt. #, etc.			
City & State POMPAÑO BEACH, FL		City & State POMPAÑO BEACH, FL		4. FEI Number 59-1218605	
Zip 33069		Country USA/FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33061		Country USA		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 THEOBALD, GLEN		Street Address (P.O. Box Number is Not Acceptable) 1255 WEST ATLANTIC BLVD #216			
City POMPAÑO BEACH		State FL		Zip Code 33069	
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. GLEN THEOBALD SIGNATURE:  PRESIDENT 1/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD THEOBALD, 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	PD THEOBALD, GLEN 1255 WEST ATLANTIC BLVD SUITE#216 POMPAÑO BEACH, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHALICH, PENNY 1255 WEST ATLANTIC BLVD #216 POMPAÑO BEACH, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THEOBALD, GLEN 1255 WEST ATLANTIC BLVD SUITE#216 POMPAÑO BEACH, FL				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THEOBALD, GLEN 1255 WEST ATLANTIC BLVD SUITE#216 POMPAÑO BEACH, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHALICH, PENNY 1255 WEST ATLANTIC BLVD #216 POMPAÑO BEACH, FL				
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 reports 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 fees empowered.					
SIGNATURE:  GLEN THEOBALD-PRESIDENT 1/24/06 (954) 946-3520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					