


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 016 ***150.00

DOCUMENT # J67439 1. Entity Name ROGER CARRIERS, INC.																											
Principal Place of Business ROGER CARRIERS, INC. 4625 E. 11 AVE. HIALEAH FL 33013 US		Mailing Address ROGER CARRIERS, INC. 13481 N.W. 4TH MANOR PLANTATION FL 33325 US																									
2. Principal Place of Business ROGER CARRIERS, INC. Suite, Apt. #, etc. 13481 N.W. 4TH MANOR City & State PLANTATION, FL. Zip 33325 Country U.S.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number 59-2810595		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HALL, ROGER 13481 N.W. 4 MANOR PLANTATION FL 33325		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">DPS</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HALL, ROGER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13481 N.W. 4TH MANOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION FL 33325</td> <td></td> </tr> </table>		TITLE	DPS	<input type="checkbox"/> Delete	NAME	HALL, ROGER		STREET ADDRESS	13481 N.W. 4TH MANOR		CITY-ST-ZIP	PLANTATION FL 33325		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Roger Hall</u>		<u>ROGER HALL</u>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/21/05</u> Daytime Phone # <u>954-401-3902</u>																									