2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L03000018657

Entity Name: BRONAL TRUCKING, LLC.

Current Principal Place of Business:

9999 SUMMER BREEZE DRIVE
SUITE 1008
PLANTATION, FL 33322

New Principal Place of Business:

5903 RIVERSIDE AV
TAMARAC, FL 33321

Current Mailing Address:

9999 SUMMER BREEZE DRIVE
SUITE 1008
PLANTATION, FL 33322

New Mailing Address:

5903 RIVERSIDE AV
TAMARAC, FL 33321

FEI Number: 65-0949049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, VION
9999 SUMMER BREEZE DRIVE
SUITE 1008
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

GRAHAM, VION
5903 RIVERSIDE AV
TAMARAC, FL 33321 US

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.

SIGNATURE: _____ 04/03/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	D	( ) Delete
Name:	GRAHAM, VION B D	
Address:	9999 SUMMER BREEZE DR 1008	
City-St-Zip:	PLANTATION, FL 33322	
Title:	MBR	( ) Delete
Name:	GRAHAM, LORNA M MBR	
Address:	9999 SUMMER BREEZE DR 1008	
City-St-Zip:	PLANTATION, FL 33322	
Title:	D	(X) Delete
Name:	GRAHAM, VION B D	
Address:	9999 SUMMERBREEZE DR	
City-St-Zip:	SUNRISE, FL 33322	
Title:	CEO	(X) Delete
Name:	GRAHAM, VION B D	
Address:	9999 SUMMERBREEZE DR	
City-St-Zip:	SUNRISE, FL 33322	
Title:	D	(X) Delete
Name:	GRAHAM, VION B D	
Address:	9999 SUMMERBREEZE DR	
City-St-Zip:	SUNRISE, FL 33322	
Title:	D	(X) Delete
Name:	GRAHAM, VION B D	
Address:	9999 SUMMERBREEZE DR	
City-St-Zip:	SUNRISE, FL 33322	

ADDITIONS/CHANGES:

Title:	CEO	(X) Change ( ) Addition
Name:	GRAHAM, VION B CEO	
Address:	5903 RIVERSIDE AV	
City-St-Zip:	TAMARAC, FL 33321	
Title:	MGR	(X) Change ( ) Addition
Name:	GRAHAM, VION B MGR	
Address:	5903 RIVERSIDE AV	
City-St-Zip:	TAMARAC, FL 33321	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VION B GRAHAM MGR 04/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date