## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L09957

Entity Name: OVERLAND CARRIERS INCORPORATED

FILED Feb 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12145 NW 99 AVE 12145 NW 99 AVE

BAY #5 BAY #5

HIALEAH GDNS, FL 33016 US HIALEAH GDNS, FL 33018 US

**Current Mailing Address: New Mailing Address:** 

12145 NW 99 AVE 12145 NW 99 AVE

**BAY #5** BAY #5

HIALEAH GDNS, FL 33016 US HIALEAH GDNS, FL 33018 US

FEI Number: 65-0138748 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARENCIBIA, RENE ARENCIBIA, RENE 12145 NW 99 AVE 12145 NW 99 AVE BAY #5 HIALEAH GDNS, FL 33016 HIALEAH GDNS, FL 33018 US 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: 02/20/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete (X) Change ( ) Addition ARENCIBIA, RENE ARENCIBIA, RENE Name: Name: 12145 NW 99 AVE BAY #5 12145 NW 99 AVE BAY #5 Address: Address: City-St-Zip: HIALEAH, FL 33018 City-St-Zip: HIALEAH GARDENS, FL 33018

Title: Title: (X) Change ( ) Addition () Delete

ARENCIBIA, LIZBETH D ARENCIBIA, LIZBETH D Name: Name: 12145 NW 99 AVE BAY #5 Address: 12145 NW 99 AVE BAY #5 Address: HIALEAH, FL 33018 HIALEAH GARDENS, FL 33018 City-St-Zip: 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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZBETH D. ARENCIBIA SD 02/20/2007