
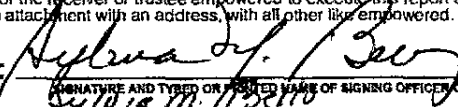


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # M13559 1. Entity Name LYSA TRUCKING COMPANY		
Principal Place of Business 10125 NW 87 AVENUE MEDLEY, FL 33178 US	Mailing Address 14171 LEANING PINE DRIVE MIAMI LAKES, FL 33014-2512	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BELLO, ALBERTO N. 10125 NW 87 AVE MEDLEY, FL 33178		DO NOT WRITE IN THIS SPACE
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 file if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, ALBERTO N. 14171 LEANING PINE DRIVE MIAMI LAKES, FL 330142512	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELLO, SYLVIA M. 14171 LEANING PINE DR MIAMI LAKES, FL 330142512	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 the 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/31/06 Daytime Phone # 305-3450792



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2519507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1100000428505
02/21/06-80048-015 150.00

**DO NOT WRITE
IN THIS SPACE**