


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # TM85259 1. Entity Name EARTH MOVING SPECIALIST, INC.	
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Principal Place of Business 6342 NW 66TH WAY PARKLAND, FL 33067	Mailing Address 6342 NW 66TH WAY PARKLAND, FL 33067
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0085410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINA, STANLEY
 6342 NW 66TH WAY
 PARKLAND, FL 33067**

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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 reinstating) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINA, STANLEY 6342 NW 66TH WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINA, EMMETT 6200 GARFIELD STREET HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/02/06-80021-025 150.00

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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 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: Stanley Finna Stanley Finna April 24, 2006 954-7529344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #