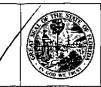
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P0000009816

1. Entity Name

ST. JUDAS T. TRUCKING CORP.



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91501 028 ***150.00

10089298

2. Principal Place of Business 3. Mailing Address SAME 1813 BOCA CHICA AVENUE

DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State
NORTH PORT, FLORIDA City & State Not Applicable 65-0974316 \$8.75 Additional 5. Certificate of Status Desired 34286 U.S.A. Fee Required 7. Name and Address of Current Registered Agent

> DO NOT WRITE IN THIS SPACE

Name	TADEU	SZ SI	AWT.

Street Address (P.O. Box Number is Not Acceptable)

1813 BOCA CHICA AVENUE

NORTH PORT

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

Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE PRESIDENT NAME 115 NAME TADEUSZ SLIWA 1813 BOCA CHICA AVENUE STREET ADDRESS STREET ADDRESS NORTH PORT, FL 34286 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ----TITLE NAME NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE INTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 on an TADEUSZ SLIWA

SIGNATURE:

CR2E034B (12/02)