

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000073426

1. Entity Name

STRAITS TRUCKING, INC.



Principal Place of Business

**5512 NW 41ST AVE
COCONUT CREEK FL 33073**

Mailing Address

**5512 NW 41ST AVE
COCONUT CREEK FL 33073**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-1033373

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANDEL RECOUNTING TAX SVCS, INC
9722 SOUTH FLAMINGO RD
PMB 287
COOPER CITY FL 33330**

Name

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

City

FL

Zip Code

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PVST
DESNOYERS, JAMES
5512 NW 41ST AVE
COCONUT CREEK FL 33073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000823163
02/20/08-80027-014 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
DESNOYERS, JAMES
5512 NW 41ST AVE
COCONUT CREEK FL 33073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Desnoyers James Desnoyers 2-8-08 954-309-8207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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