...2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # P00000082295 1. Entity Name USA TRUCKING, INC.)	03-21-2006 9	90011 004 ***15	0.00
Principal Place of Business 3398 NW 69TH ST. MIAMI, FL 33147		Mailing Address 5056 SW BULL POND ROAD ARCADIA, FL 34266 US			guv	, · ·		
2. Principal P		3. Mailing Address 5056 SW Suite, Apt. #, etc.	Bul	I Pond Ro	7			
City & State		City & State		02222006 4. FEI Numbe	Chg-P	CR2E034 (11/05	Applied For	
Zip Ca Country		arcadia	Seuntry		65-103	9827 of Status Desired	\$8.75	Not Applicable
6. Name and Address of Current R		Registered Agent	De	2010	. <u>L</u>	Address of New F	Fee Requ	
RAMOS, JOSE R				Name				
5056 SW BULL POND RD ARCADIA, FL 34266				Street Address (P.O. Box Number is Not Acceptable)				
, , , ,	,							
				City	· · · · · · · · · · · · · · · · · · ·		FL Zip C	
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								
					5.00 May Be ded to Fees			
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	RAMOS, JOSE R NW STR			T ADDRESS ST-ZIP			☐ Chang	e [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA STF			t adoress St-zip			☐ Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Z	☐ Delete		T ADDRESS ST-ZIP			□ Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECEIVED LB - AT FEB 2 7 2006 IBSATLANTA CA	□ Delete		T ADDRESS ST-ZIP		,	☐ Chang	☐ Addition
TITLE	LB - A:	☐ Delete	TITLE			·	☐ Chang	Addition

12. I hereby certify that the information supplied with this filling 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 the an address, with all other like empowered.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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