FOR PROFIT CORPORATION

FILED Apr 16, 2002 8:00 am

U	MILOKW BOZIN	E22 KEPUKI	(UBK)	<	Some	,	Stata	
DOCUMENT #POOD SOUTHNEST INC 1. Entity Name RCM TRUCKING - EQUIPMENT INC DO NOT WRITE IN THIS SPACE					Secretary of State 04-16-2002 90134 036 ***150.00			
	lace of Business	C-Th						
SRO NW 7 STREET SRO NW 705			STREE	: T	DO NOT	MODE IN THE COA	05	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		OE.		
BOYNTON BENCK FL		BOYNTON BENCK FL		4.	FEI Number	25	Applied For Not Applicable	
Zip 33/42/	Country	33 426	Country USA	5.	Certificate of Status Desir		.75 Additional Required	
35 724	6 55	<u> </u>	7. Name and Address of Current Registered Agent					
IN THIS SPACE					(P.O. Box Rumber is Not Acceptable)			
**			By.	hoth	BEACL	FL FL	35426	
Tax filing r	Signature Apped or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.	E: Registered Agent sign lay 1 Fee is \$1: 1, Fee is \$550.0 d UBR is \$61.25 ple to Departme	50.00 00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND	DIRECTORS						
TITLE	KWINONDC: WOSSBURG		TITLE NAME					
NAME STREET ADDRESS	620 NW 7 & STREET		STREET ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\$\displaystyle{\chi}\$	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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13. I hereby o	certify that the information supplied wil	th this filing does not qualify for	r the exemption st	ated in Section	119.07(3)(i), Florida Statu	tes. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: Kay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNINGS OFFICER OR DIRECTOR

Daytime Phone #