

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90493 005 ***150.00

DOCUMENT #	P00 -000095168
Entity Name	Salmon Trucking, Inc.

DO NOT WRITE IN THIS SPACE

40074096

Principal Place of Business 7740 NW 50th St.		3. Mailing Address	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc.	
City & State Lauderhill FL		City & State	
Zip 33351	Country Broward	Zip	Country
4. FEI Number 65-1050787		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Sedrick Salmon	
Street Address (P.O. Box Number is Not Acceptable) 7740 NW 50th Street # 202	
City Lauderhill	FL Zip Code 33351

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.

SIGNATURE: Sedrick Salmon 4/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS

LE ME REET ADDRESS Y-ST-ZIP	President / Director Sedrick Salmon #202 7740 NW 50th Street Lauderhill, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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LE ME REET ADDRESS Y-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sedrick Salmon 4/18/05 954-741-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)