

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

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 029 ***150.00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7740 NW 50th AT
Suite, Apt. #, etc.
#202
City & State
Lauderhill FL
Zip
33351

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-1050787
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

40089596

DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE *Sedrick Salmon* 4/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Sedrick Salmon 7740 NW 50th St. # 202 Lauderhill, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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* Sedrick Salmon, Pres. 4/24/07 954-741-4330
Signature, typed or printed name of signing officer or director Date Daytime Phone #